

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 688140 (3)

1. Corporation Name

STEWART'S SLEEP CENTER, INC.



Principal Place of Business

Mailing Address

11750 CLEVELAND AVE.
FT. MYERS FL 33907

11750 CLEVELAND AVE
FT. MYERS FL 33907

3. Date Incorporated or Qualified

09/18/1980

3a. Date of Last Report

06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2043978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTER STEWART W.
11750 CLEVELAND AVE.
FORT MYERS FL 33907

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(If title "Registered Agent" signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MATTER, STEWART W.I
STREET ADDRESS 15221 TWEEDALE CR. 913 S. TOWN RIVER DR
CITY-ST-ZIP FT. MYERS FL

TITLE VD
NAME MATTER, JOHN C.
STREET ADDRESS 15221 TWEEDALE CR. 8350 TRENTWOOD CT
CITY-ST-ZIP FT. MYERS FL

TITLE VD
NAME MATTER, STEWART W., II
STREET ADDRESS 15221 TWEEDALE CR. 6702 WELLINGTON DR
CITY-ST-ZIP FT. MYERS FL Naples, FL 33963

TITLE VD
NAME MATTER, THOMAS M.
STREET ADDRESS 15221 TWEEDALE CR. 338 OLD OAK CR
CITY-ST-ZIP FT. MYERS FL Palm Harbor, FL

TITLE VD
NAME MATTER, GARY F.
STREET ADDRESS 15221 TWEEDALE CR. 468 KEEVAN CT
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E034 (3/96)