

**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. Mortnam
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**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MATTER STEWART W.
11750 CLEVELAND AVE.
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent
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 (Applicable) (If not, Registered Agent Signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTER, STEWART W.I	12 NAME	
STREET ADDRESS	15221-TWEEDALE CR. 913 S. Town & River Dr	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTER, JOHN C.	22 NAME	
STREET ADDRESS	15221-TWEEDALE CR. 8350 Treatwood Ct	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTER, STEWART W., II	32 NAME	
STREET ADDRESS	15221-TWEEDALE CR. 6702 Wellington Dr	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL Naples, FL 33963	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTER, THOMAS M.	42 NAME	
STREET ADDRESS	15221-TWEEDALE CR. 338 Old Oak Cr	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL Palm Harbour, FL	44 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTER, GARY F.	52 NAME	
STREET ADDRESS	15221-TWEEDALE CR. 468 Keevan Ct	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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

6/14/96

CR2E034 (3/96)