

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # **688140** (3)
1. Corporation Name
STEWART'S SLEEP CENTER, INC.



Principal Place of Business Mailing Address
11750 CLEVELAND AVE. **11750 CLEVELAND AVE.**
FT. MYERS FL 33907 **FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1980	
21		26		4. FEI Number 59-2043978 APPLIED FOR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MATTER, STEWART W.I			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	919 S TOWN RIVER DR			1.1 TITLE	
CITY-ST-ZIP	FT. MYERS FL			1.2 NAME	
TITLE	VD	<input type="checkbox"/> DELETE		1.3 STREET ADDRESS 15600 Carriedale Ln	
NAME	MATTER, JOHN C.			1.4 CITY-ST-ZIP	
STREET ADDRESS	8350 TRENT WOOD CT			2.1 TITLE	
CITY-ST-ZIP	FT. MYERS FL			2.2 NAME	
TITLE	VD	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
NAME	MATTER, STEWART W., II			2.4 CITY-ST-ZIP	
STREET ADDRESS	6702 WELLINGTON DR			3.1 TITLE	
CITY-ST-ZIP	NAPLES FL			3.2 NAME	
TITLE	VD	<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
NAME	MATTER, THOMAS M.			3.4 CITY-ST-ZIP	
STREET ADDRESS	338 OLD OAK CREEK			4.1 TITLE	
CITY-ST-ZIP	PALM HARBOUR FL			4.2 NAME	
TITLE	VD	<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
NAME	MATTER, GARY F.			4.4 CITY-ST-ZIP	
STREET ADDRESS	468 KEENAN CT			5.1 TITLE	
CITY-ST-ZIP	FT. MYERS FL			5.2 NAME	
TITLE		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
NAME				5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE	
CITY-ST-ZIP				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7-7-98

CR2E034 (5/98)