

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90044 024 \*\*\*150.00

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DOCUMENT # 688140

1. Corporation Name

STEWART'S SLEEP CENTER, INC.

Principal Place of Business

11750 CLEVELAND AVE.  
FT. MYERS FL 33907

Mailing Address

11750 CLEVELAND AVE.  
FT. MYERS FL 33907



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1980

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 owes the current year Intangible  
Personal Property Tax. ☐ 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

Country

28 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MATTER, STEWART W.I  
STREET ADDRESS 15660 CARRIDALE LN  
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE VD  
NAME MATTER, JOHN C.  
STREET ADDRESS 8350 TRENT WOOD CT  
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE VD  
NAME MATTER, STEWART W., II  
STREET ADDRESS 6702 WELLINGTON DR  
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE VD  
NAME MATTER, THOMAS M.  
STREET ADDRESS 338 OLD OAK CREEK  
CITY-ST-ZIP PALM HARBOUR FL ☐ DELETE

TITLE VD  
NAME MATTER, GARY F.  
STREET ADDRESS 468 KEENAN CT  
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

15678 Fiddlesticks Blvd  
Ft. Myers FL 33912

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

941-275-3968

Daytime Phone #

CR2E034 (11/98)