FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **209739** **(2)**

1. Corporation Name
PALM BEACH BEDDING COMPANY

Principal Place of Business	Mailing Address
1016 CLARE AVE. 1016 CLARE AVENUE. P.O. BOX 2617 W. PALM BEACH FL 33401 US	P.O. BOX 2617 1016 CLARE AVENUE. P.O. BOX 2617 W. PALM BEACH FL 33402-2617 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1958
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0833393 ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BUBIS,SAMUEL J
2 THURSTON DR.
PALM BCH GARDENS FL 33418

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BUBIS,SAMUEL J	1.2 NAME	
STREET ADDRESS	2 THURSTON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRIED,ANNETTE	2.2 NAME	
STREET ADDRESS	220 POTTER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	DUBBIN,SIDNEY	3.2 NAME	NOTE: SIDNEY DUBBIN
STREET ADDRESS	324 DATURA STREET	3.3. STREET ADDRESS	IS DECEASED. PLEASE REMOVE
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	FROM RECORD.
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BUBIS,DOROTHY	4.2 NAME	
STREET ADDRESS	2 THURSTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	BUBIS,MICHAEL	5.2 NAME	
STREET ADDRESS	2366 INLAND COVE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS. FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, MAX	6.2 NAME	
STREET ADDRESS	3666 TIMBERLINE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 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)(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.

SIGNATURE: M. Lustgarten, VP-CFO 4/24/95 407-833-8491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0435100 FP