

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

DOCUMENT # 209739

1. Corporation Name

PALM BEACH BEDDING COMPANY

Principal Place of Business

3774 INTERSTATE PARK RD
1016 CLARE AVENUE, P.O. BOX 2017
RIVIERA BCH FL 33404
US

Mailing Address

3774 INTERSTATE PARK RD
1016 CLARE AVENUE, P.O. BOX 2017
RIVIERA BCH FL 33404
US

2. Principal Place of Business

21 3774 INTERSTATE PARK RD. N
Suite, Apt. #, etc.

2a. Mailing Address

26 3774 INTERSTATE PARK RD. N
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

BUBIS, MICHAEL W
3774 INTERSTATE PARK RD N
RIVIERA BCH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1958

4. FEI Number

59-0833393

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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 CD
NAME SCHWEITZER, CHARLES
STREET ADDRESS 2001 INTERSTATE PARK RD N
CITY-ST-ZIP RIVIERA BCH FL 07036

☐ DELETE

TITLE VTD
NAME KOSCICA, JAMES P
STREET ADDRESS 2001 LOWER RD
CITY-ST-ZIP LINDEN NJ 07036

☐ DELETE

TITLE S
NAME GELLER, JEFFREY
STREET ADDRESS 3774 INTERSTATE PARK RD N
CITY-ST-ZIP RIVIERA BCH FL 33404

☐ DELETE

TITLE PD
NAME BUBIS, MICHAEL
STREET ADDRESS 3774 INTERSTATE PARK RD N
CITY-ST-ZIP RIVIERA BCH FL 33404

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2001 LOWER ROAD
1.4 CITY-ST-ZIP LINDEN NJ 07036
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

561-840-8491

CR2E034 (1/98)

0322810

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90134 036 ***150.00

