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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90014 047 \*\*\*150.00

## 

DOCUMENT #  1. Corporation Name	257318
BISCAYNE BEDDING	CORP

Principal Flace of Business

Mailing Address

4875 N W 37TH AVENUE

4875 N W 37TH AVENUE

MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/27/1962 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address No: Applicable 59-0966822 21 26 \$8.75 Additional Suite, /.pt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 Vlay Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes the current year Intangible □ No 30 Perso ial Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MANDELL, ALAN Street Address (P.O. Box Number is Not Acceptable) 82 4875 N W 37TH AVENUE **MIAMI FL 33142** 83 84 City Zip Code F 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 legistered 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition □ DELETE 11 TITLE TITLE PD MANDELL, ALAN 1.2 NAME NAME 6745 S.W. 139 STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE VD TITLE MANDELL, STEPHEN A. 2.2 NAME NAME 8501 SW 82 TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE STD MANDELL, JEAN 32 NAME NAME 9609 S.W. 118TH AVE. 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 T/T/F TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 cartify that the information indicated on this annual report or supplied which has many does not qualify for the exemption stated in Section (19.07.3)(I). Florida Statutes, I further carrity that the information indicated on this 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 receivar 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 attack near with an address, with a Lother like empowered.

SIGNATURE:

MATURE AND TYPED OR FRINTED NAME OF

CR2E034 (11/98