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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| 199 | 96 | 100 | DIVISION | OF CORPORATI | IONS | | | | | |
|--|--|--|--|--|--|--|---------------------------|----------------------------------|---|--|
| DOCUME 1. Corporation Name | | 451082 | 2 (2 |) | | | | | | |
| SLEEP-O- | RAMA, INC | • | | | | | | | | |
| | | | | | | | | | | |
| Principal Place of Bus | siness | | Mailing Address | | | r namin memiti firefft i | | 110 1101 E1611 I | | EDRY REEFN DYDIN INN |
| 1790 MEARS PARKWAY Margate FL 33063 | | | 1790 MEARS PARKWAY MARGATE FL 33063 | | | | | | | |
| P. District District | D | | | | | 3. Date Incorporated or 0 04/26/1974 | Qualified | 3a. Date | of Last F 06/06/ 1 | |
| 2. Principal Place of I | Business | ļ- | 2a. Mailing Address | | | 4. FEI Number | | | | Applied For |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 59-1552290 | | | | Not Applicable |
| 2] | | | 27 | | | 5. Certificate of Status De | esired | | | Additional Required |
| City & State | | 2 | City & State | | | Election Campaign Fin Trust Fund Contributio | | | \$5.0 | O May Be |
| Ζip | Coun | try | Zip | Country | у | 8. This corporation has lia | | ntangible ta | | |
| 4] | 25 | ress of Current Re | 29 | 30 | | Florida Statutes | Yes Yes | ∏ No | | |
| | Name and Add | ress of Current He | gistered Agent | 81 | Name | 10. Name and Address | of New Re | gistered / | gent | |
| DOBBINS, B | B. ALAN III | | | | | | | | | |
| | | RK BLVD. #105 | | 82 | Street Add | ress (P.O. Box Number is Not. | Acceptable | e) | | |
| | DALE FL 3330 | | | 83 | | | | | | |
| | | | | 84 | | | | | 0E 7 | p Code |
| | | | | 04 | City | | | - | 85 Zi | |
| I1. Pursuant to the p | provisions of Sec | tions 607.0502 and | 607.1508, Florida Stat | | | ration submits this statement for | or the purp | FL ose of char | 1 1 | |
| SIGNATURE | assopt the being | Juliona 61, 56601611 6 | or .0000, r kinda Statut | lutes, the above r | | ration submits this statement for ord of directors. I hereby accept | or the purp t the appo | FL pose of char intment as | 1 1 | |
| SIGNATURE Slynature | typed or printed name | e of registered agent and hit | le if applicable. | lutes, the above-r rized by the corp tes. (NOTE: Registered Ager | named corpor poration's boa | d when reinstating) | | pose of char intment as a | nging its registered | egistered office agent. I am |
| SIGNATURE Signature. | , typed or printed name | Juliona 61, 56601611 6 | le if applicable. | Lutes, the above-rized by the corples. (NOTE: Registered Ager | named corpor poration's boa | | | DATE DATE DERS AND | nging its registered | egistered office agent. I am |
| SIGNATURE Slynature 2. | typed or printed name | e of registered agent and hit OFFICERS AND DIF | le if applicable. | lutes, the above-razed by the corples. (NOTE Registered Ager 13. 1 1 TITLE | named corpor poration's boa | d when reinstating) | | DATE DATE DERS AND | nging its registered | egistered office agent. I am |
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