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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **689352** (3)
1. Corporation Name
SLEEPER MAKERS, INC.



Principal Place of Business 3625 SW 30TH AVE BUILDING 1 FT. LAUDERDALE FL 33312 US	Mailing Address 3625 SW 30TH BUILDING 1 FT. LAUDERDALE FL 33312 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 09/26/1980	
4. FEI Number 59-2032922		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**MCNAUGHTON, KEITH A.
6263 NW 42ND CT.
CORAL SPGS. FL 33067**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	E
NAME	MCNAUGHTON, KEITH A.	1.2 NAME	MCNAUGHTON, KEITH, A
STREET ADDRESS	6263 NW 42ND CT.	1.3 STREET ADDRESS	6263 NW 42ND CT.
CITY-ST-ZIP	CORAL SPGS. FL	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	VT	2.1 TITLE	PT
NAME	MCNAUGHTON, PATRICIA H	2.2 NAME	MCNAUGHTON, PATRICIA, H
STREET ADDRESS	6263 NW 42 CT	2.3 STREET ADDRESS	6263 NW 42ND CT.
CITY-ST-ZIP	CORAL SPRING FL	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

Keith A. McNaughton **KEITH A. MCNAUGHTON** (954) 581-7197

CR2E034 (10/97)