FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F96000004380

1. Corporation Name
Mattress Discounters Corporation

Principal Place of Business	Mailing Address
9822 Fallard Ct. Upper Marlboro, MD 20772	9822 Fallard Ct. Upper Marlboro, MD 20772

3. Date Incorporated or Qualified: 8/27/96
3a. Date of Last Report: 1st Rpt.

2. Principal Place of Business
21: 9822 Fallard Ct.
Suite, Apt. #, etc. 22:
City & State 23: Upper Marlboro, MD
Zip 24: 20772 Country 25: Prince George

2a. Mailing Address
26: 9822 Fallard Ct.
Suite, Apt. #, etc. 27:
City & State 28: Upper Marlboro MD
Zip 29: 20772 Country 30: Prince George

4. FEI Number: 52-1968499 ☐ 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

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

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: _____ May 1, 1997
Signature, type 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	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Steven Lytell	1.2 NAME	
STREET ADDRESS	9822 Fallard Ct.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Upper Marlboro MD 20772	1.4 CITY-ST-ZIP	
TITLE	Vice-President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Warren Teitelbaum	2.2 NAME	
STREET ADDRESS	9822 Fallard Ct.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Upper Marlboro, MD 20772	2.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Thomas Budsock	3.2 NAME	
STREET ADDRESS	9822 Fallard Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Upper Marlboro, MD 20772	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	900002185053
STREET ADDRESS		5.3 STREET ADDRESS	-05/20/97--01054--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	CS 5/8/97
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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, added or deleted.

SIGNATURE: _____ May 1 1997 301-856-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas J. Budsock, President