

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001520 (2)
1. Corporation Name
CONVERTIBLE WALL BED SYSTEMS CORP.



Principal Place of Business
91 MAIN ST.
CLAREMONT NH 03743

Mailing Address
91 MAIN ST.
CLAREMONT NH 03743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5935 TAYLOR ROAD
Suite, Apt. #, etc.
22
City & State
23 NAPLES, FL
Zip
24 34109
Country
25 USA

2a. Mailing Address
26 5935 TAYLOR ROAD
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FL
Zip
29 34109
Country
30 USA

3. Date Incorporated or Qualified
03/25/1997

4. FEI Number
65-0704359
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURPHY BED SYSTEMS FACTORY OUTLET
5935 TAYLOR RD.
NAPLES FL 34109

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 LISA A BOURDON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/98

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BOURDON, LISA A	
STREET ADDRESS	105 EGRET'S WALK CIR., #101	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOURDON, THOMAS	
STREET ADDRESS	91 MAIN ST.	
CITY-ST-ZIP	CLAREMONT NH 03743	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEAHY, ALBERT D JR	
STREET ADDRESS	178 BROAD ST.	
CITY-ST-ZIP	CLAREMONT NH 03743	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1826 SEVILLE BLVD #1011
1.4 CITY-ST-ZIP	NAPLES, FL 34109
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

CR2E034 (10/97)