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**Jan 22 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 # G45960 (3)

1. Corporation Name
PERMA SLEEP CORPORATION



Principal Place of Business
**% RICHARD NILSEN
2900 COUNTRY CLUB LANE S.W.
HALLANDALE FL 33009**

Mailing Address
**% RICHARD NILSEN
2900 COUNTRY CLUB LANE S.W.
HALLANDALE FL 33009-5104**

3. Date Incorporated or Qualified
06/27/1983

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2300323

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NILSEN, RICHARD
2900 COUNTRY CLUB LANE S.W.
HALLANDALE FL 33009**

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 type: For principal name of registered agent or officer of applicant, etc.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DVS NILSEN, RICHARD**
STREET ADDRESS **2900 COUNTY CLUB LANE**
CITY- ST- ZIP **HALLANDALE, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DELETE
NAME **DP KATZ, SAM**
STREET ADDRESS **2900 COUNTY CLUB LANE**
CITY- ST- ZIP **HALLANDALE, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE DELETE
NAME **T NILSEN, RICHARD**
STREET ADDRESS **2900 COUNTY CLUB LANE**
CITY- ST- ZIP **TALLAHASSEE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Richard B. Nilsen sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

Date

(954)
961-4054

Daytime Phone #

CR2E034 (9/96)