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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90272 009 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G45960**

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1983

4. FEI Number

59-2300323

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **1600 NE 12th Terrace**

Suite, Apt. #, etc.

22

City & State

23 **N. Ft. Lauderdale, FL**

Zip

33305

Country

USA

24

2a. Mailing Address

26 **1600 NE 12th Terrace**

Suite, Apt. #, etc.

27

City & State

28 **N. Ft. Lauderdale, FL**

Zip

33305

Country

USA

29

30

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (R.O. Box Number is Not Acceptable)

83

84

85 Zip Code

FL

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

TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	NILSEN, RICHARD	
STREET ADDRESS	2900 COUNTRY CLUB LANE	
CITY-ST-ZIP	HALLANDALE, FL 00000	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, SAM	
STREET ADDRESS	2900 COUNTRY CLUB LANE	
CITY-ST-ZIP	HALLANDALE, FL 00000	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NILSEN, RICHARD	
STREET ADDRESS	2900 COUNTRY CLUB LANE	
CITY-ST-ZIP	TALLAHASSEE FL	

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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phil Lang	
1.3 STREET ADDRESS	14665 Midway Rd, Ste 100	
1.4 CITY-ST-ZIP	Addison TX 75244	

2.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charles Anderson	
2.3 STREET ADDRESS	14665 Midway Rd, Ste 100	
2.4 CITY-ST-ZIP	Addison TX 75244	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Anderson 4/27/99

(972)392-2202

CR2E034 (11/98)

0123381