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Apr 29, 1999 8:00 am
Secretary of State

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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

2. Principal Place of Business 21 1600 NE 12th Terrace Suite, Apt. #, etc.	2a. Mailing Address 26 1600 NE 12th Terrace Suite, Apt. #, etc.
22 City & State 23 N. Ft. Lauderdale, FL	27 City & State 28 N. Ft. Lauderdale, FL
24 Zip 25 33305 Country USA	29 Zip 30 33305 Country USA

3. Date Incorporated or Qualified 06/27/1983	4. FEI Number 59-2300323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 City	FL
85 Zip Code	7

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Lara
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: *Charles Anderson* DATE: 4/27/99 DAYTIME PHONE #: (972)392-2202

CR2E034 (11/98)