


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 FEB -9 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G67039 1. Entity Name INTERNATIONAL BEDDING CORPORATION OF ORLANDO	
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Principal Place of Business 730 W MCNAB ROAD FT LAUDERDALE, FL 33309	Mailing Address 730 W MCNAB ROAD FT LAUDERDALE, FL 33309
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01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0229979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERK, ARTHUR J. 848 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ELLMAN, J. LEON 730 W MCNAB ROAD FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BERK, ARTHUR J. 730 W MCNAB ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLMAN, NEIL 730 W MCNAB ROAD FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS SIROP, KEVIN 730 W MCNAB ROAD FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLMAN, LANCE 730 W MCNAB ROAD FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/04--01038--005 **1100.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Kevin Sirop 1/21/04 954-968-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #