FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H96165** **(6)**

1. Corporation Name
U. S. BEDDING EXPRESS, INC.

Principal Place of Business
PO BOX 3993
HALLANDALE FL 33008-3993

Mailing Address
PO BOX 3993
HALLANDALE FL 33008-3993

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **01/28/1986**
3a. Date of Last Report: **12/06/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **NOT APPLICABLE** — 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 has liability for intangibles or income tax pursuant to Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MUFSON, SEYMOUR
2950 SW 30TH AVE
PEMBROOKE PARK FL 33009

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 607.0505 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 Seymour Mufson PVS
(Signature of new registered agent or the President)

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	MUFSON, SEYMOUR
STREET ADDRESS	2950 SW 30TH AVE
CITY, ST, ZIP	PEMBROOKE PARK FL 33009

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 19

TITLE	PVS ☑ Change ☐ Addition
NAME	Seymour Mufson
STREET ADDRESS	16 345 W. Dixie Hwy #376
CITY, ST, ZIP	N. Miami Bch, Fl. 33160

14. I do hereby certify that the information supplied with this report is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shown on the annual report or supplemental annual report is true and accurate and that an, 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or is an attachment with an address.

SIGNATURE: Seymour Mufson PVS 4/28/95 305-453-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0432278 FP