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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90030 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J56902

1. Corporation Name
OAKLAND MATTRESS CORP.

Principal Place of Business
**617 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

Mailing Address
**617 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1987

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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 Country

28 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NILSEN, RICHARD
3050 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

81 Name

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

83

84 City

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **NILSEN, RICHARD**
STREET ADDRESS **3050 W HALLANDALE BCH BV**
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE **President** ☐ Change ☐ Addition
1.2 NAME **Phil Lang**
1.3 STREET ADDRESS **14665 Midway Rd, Ste 100**
1.4 CITY-ST-ZIP **Addison Tx 75244**

TITLE **PD** ☒ DELETE
NAME **KATZ, SAM**
STREET ADDRESS **3050 W HALLANDALE BCH BV**
CITY-ST-ZIP **HALLANDALE FL**

2.1 TITLE **Secretary-Treasurer** ☒ Change ☐ Addition
2.2 NAME **Charles Anderson**
2.3 STREET ADDRESS **14665 Midway Rd, Ste 100**
2.4 CITY-ST-ZIP **Addison Tx 75244**

TITLE **ST** ☒ DELETE
NAME **NILSEN, RICHARD**
STREET ADDRESS **3050 W HALLANDALE BCH BV**
CITY-ST-ZIP **HALLANDALE 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 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

Charles Anderson 4/27/99 (972) 392-2202
Date Daytime Phone #

CR2E034 (1/98)