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 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M74083 (0)

1. Corporate Name
THE BEDDING QUARTERS, INC.

Principal Office
6100 E COLONIAL DRIVE
ORLANDO FL 32807

Mailing Address
6100 E COLONIAL DRIVE
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1988
3a. Date of Last Report: 08/12/1994

2. Principal Street Address
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City, State
23

City, State
28

Zip
24 25

Zip
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. Does corporation wish to participate in Florida Election Campaign Trust Fund? [✓] Yes [ ] No.

9. Name and Address of Current Registered Agent
WOEBER, MICHAEL
4430 BRIDGEWATER DRIVE
ORLANDO FL 32817

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 Section 607.0505 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office accepted by the undersigned agent are as follows:

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	JOHNSON, ROBERT
Street Address	831 S.E. 5TH AVE.
City, State, Zip	POMPANO BEACH FL
Title	D
Name	JOHNSON, CLARENCE W.
Street Address	14154 ASTER AVE.
City, State, Zip	W PALM BEACH FL
Title	D
Name	WOEBER, MICHAEL
Street Address	4430 BRIDGEWATER DR.
City, State, Zip	ORLANDO FL
Title	D
Name	WOEBER, DEBORAH
Street Address	4430 BRIDGEWATER DR
City, State, Zip	ORLANDO FL
Title	
Name	
Street Address	
City, State, Zip	

13. ADDITIONS, CHANGES, CORRECTIONS AND DELETIONS

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 of the Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in a duly attached amendment or supplement.

SIGNATURE: Michael Woeber 4-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0056011 CP