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 APR 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30366** **(9)**

1. Corporation Name
CITY MATTRESS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6000 BAILEY AVE. P.O. BOX 10 AMHERST NY 14228	6000 BAILEY AVE. P.O. BOX 10 AMHERST NY 14228

3. Date Incorporated or Qualified: **07/19/1990**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21 2685 WALDEN AVE
Suite, Apt. #, etc. 22
City & State 23 BUFFALO, NY
Zip 24 14225 Country 25 USA

2a. Mailing Address
26 2685 WALDEN AVE
Suite, Apt. #, etc. 27
City & State 28 BUFFALO, NY
Zip 29 14225 Country 30 USA

4. FEI Number: **16-1048113** ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, GOLDIE SCHILLER
120 BRIARWOOD CIRCLE
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

91 Name: STEPHEN SCHILLER
92 Street Address (P.O. Box Number is Not Acceptable): 6000 PELICAN BAY BLVD
93 # 703
94 City: NAPLES FL 85 Zip Code: 33963

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: STEPHEN SCHILLER 4/4/95
Signature, typed or printed name of registered agent and the date of application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	SCHILLER, JEROME D.	12 NAME		
STREET ADDRESS	60 WATERFORD PARK	13 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSVILLE NY	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	BOOKBINDER, MICHAEL S.	22 NAME		
STREET ADDRESS	216 BRIDLE PATH	23 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSVILLE NY	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	SCHILLER, JEROME D.	32 NAME		
STREET ADDRESS	60 WATERFORD PARK	33 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSVILLE NY	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	BOOKBINDER, MICHAEL S.	42 NAME		
STREET ADDRESS	216 BRIDLE PATH	43 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSVILLE NY	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: MICHAEL S. BOOKBINDER 3/9/95 (716) 681-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0478904 FP