FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35213

SHERWOOD PILLOW CO.

Principal Place of Business

(8)

Mailing Address

FILED May 02 1997 8:00am Secretary of State



3551 NORTHWEST 116TH STREET MIAMI FL 33167		3551 NORTHWEST 116TH STREET MIAMI FL 33167-2823					
					3. Date Incorporated or Qualified 08/23/1991	3a. Date of Last Ro 05/01/1996	port
2. Principal Pi	ace of Business	2a. Mailing Address		4, FEI Number	Ap	plied For	
21		26		65-0156223	No	l Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27		C. Certificate of States Educate	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	hand the house has been		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25		30]		Florida Statutes 10. Name and Address of New Re		
0.450	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of New Re	gistereo Agent	
	IN, DAVID		0	наше			
	NORTHWEST 116TH STREET	8		82 Street Address (P.O. Box Number is Not Acceptable)			
MAIM	M FL 33167		-				
			83				
			84	City		FL 85 Zip C	Code
44 5		3 COT 4000 El-Elds Clab (or	the obour		poration submits this statement for the p	urnogo et changing ite	regiotered
office or re agent. I a	o the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such change was au tions of, Section 607.0505, Flori	s, the above ithorized by ida Statutes	the corporat s.	ion's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	st and too if applicable (NOT)	Registered Age	nt signature regult	red when reinstating)	DATE	
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
TITLE	PCD	DELETE	1 1 TITLE	T		Change	Addition
NAME	MELIN, DAVID		1.2 NAME				
STREET ADDRESS	3551 N.W. 116TH STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP			
TITLE	VD	DELETE	2 1 11111.5			☐ Change	Addition
NAME	FOX, ANDREW		2 2 NAME				
STREET ADDRESS	3551 N.W. 116TH STREET		2.3 STREET ADDRESS		·		
CITY-ST-ZIP	MIAMI FL		2 4 011 4 - 1	ST-ZIP			
TITLE	TD	☐ DELETE	3,1 1/11.6			Change	Addition
NAME	KOFFMAN, BURTON I.		3.2 NAME				
STREET ADDRESS	300 PLAZA DRIVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	VESTAL NY		3 4. CHY-1	S1 - Z(P			
TITLE		DELETE	41 THLE			☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS		•	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4,4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-9	T - 7IP			
TITLE		DELETE	6.1 TITLE			Change Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZiP			6 4 C(TY - 5				
14. I do heret	by certify that the information supplies	i with this filing does not qualify	for the exc	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the derioath: thet
l am an o appears i	of indicated of this printed report of s fficer or director of the comporation of n Block 12 or Block 13 if changed, or	the receiver or trustee empower on an attachment with air addr	prod to executes.	cute this repo	t my signature shall have the same lega et as required by Chapter 607, Florida S	Statutes; and that my r	ame