

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000006460 (9)**

1. Corporation Name

SUNSHINE BEDDING, INC.



Principal Place of Business

Mailing Address

**512 SW 12TH AVENUE
DEERFIELD BEACH FL 33442
US**

**512 SW 12TH AVENUE
DEERFIELD BEACH FL 33442
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1027 SW 30th Ave	26 1027 SW 30th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 DEERFIELD BEACH, FL	28 DEERFIELD BEACH, FL
Zip	Zip
24 33442	29 33442
Country	Country
25 Broward	30 Broward

3. Date Incorporated or Qualified

11/20/1992

4. FEI Number

65-0393958

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VERGEZ, SILVIA A
512 SW 12TH AVE.
DEERFIELD BCH. FL 33442**

81 Name

VERGEZ, SILVIA A.

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

1027 SW 30th Ave

83

84 City

DEERFIELD BEACH FL

85 Zip Code

33442

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's signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGEZ, JUAN L	1.2 NAME	
STREET ADDRESS	512 SW 12TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGEZ, SILVIA A	2.2 NAME	
STREET ADDRESS	512 SW 12TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEA, ALQUIDES	3.2 NAME	
STREET ADDRESS	512 SW 12TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

JUAN L. VERGEZ

President

4/28/98 (97) 427-1513

CP2E034 (10/97)