

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90072 011 \*\*\*150.00

DOCUMENT # P93000057038

1. Corporation Name  
SLEEPTech ASSOCIATES, INC.



Principal Place of Business  
4350 SW 59 AVE  
A-1  
DAVIE FL 33314  
US

Mailing Address  
4350 SW 59 AVE  
A-1  
DAVIE FL 33314  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1993

4. FEI Number

65-0437177

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4149 SW 47th AVE.

2a. Mailing Address

26 4149 SW 47th AVE.

Suite, Apt. #, etc.

22 4-D

Suite, Apt. #, etc.

27 4-D

City & State

23 DAVIE FL

City & State

28 DAVIE FL

Zip

24 33314

Country

25 USA

Zip

29 33314

Country

30 USA

9. Name and Address of Current Registered Agent

VASALLO, CLEMENTE A  
4350 SW 59 AVE  
SUITE A-1  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

VASALLO, CLEMENTE A.

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

83 4149 SW 47th AVE. #4-D

84 City

DAVIE

FL

85 Zip Code

33314

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

C. VASALLO, PRES.

FEB 01 1999

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VASALLO, CLEMENTE A  
STREET ADDRESS 4350 SW 59 AVE SUITE A-1  
CITY-ST-ZIP DAVIE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME VASALLO, CLEMENTE A.  
1.3 STREET ADDRESS 4149 SW 47th AVE. #4-D  
1.4 CITY-ST-ZIP DAVIE FL 33314

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. VASALLO, PRES.

FEB 01 1999

Date

954-583-9897

Daytime Phone #

CR2E034 (11/98)

0295173