

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

DOCUMENT # P94000013590 (2)
1. Corporation Name
THE BED SHED, INC.

| | |
|--|---|
| Principal Place of Business 16757 RUSTIC RANCH RD LOXAHATCHEE FL 33470 | Mailing Address 16757 RUSTIC RANCH RD. LOXAHATCHEE FL 33470 |
|--|---|

| | |
|---------------------------------|------------------------|
| 21. Principal Place of Business | 26. Mailing Address |
| 22. Suite, Apt. # etc. | 27. Suite, Apt. # etc. |
| 23. City & State | 28. City & State |
| 24. Zip | 30. Zip |

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 02/17/1994 | 3a. Date of Last Report |
| 4. FEI Number 65-0471560 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has authority for filing this tax under 5-1281 Use, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|------------------------------|--------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KAHAN, DAVID N 1657 RUSTIC RANCH RD. LOXAHATCHEE FL 3347 | | | | B1. Name | | | |
| | | | | B2. Street Address (P.O. Box Number is Not Acceptable) | 16757 RUSTIC RANCH RD | | |
| | | | | B3. | | | |
| | | | | B4. City | FL | B5. Zip Code | |

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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | D | 1. TITLE | PS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAHAN, DAVID N | 2. NAME | |
| STREET ADDRESS | 16757 RUSTIC RANCH RD. | 3. STREET ADDRESS | |
| CITY, ST, ZIP | LOXAHATCHEE FL 33470 | 4. CITY, ST, ZIP | |
| TITLE | D | 21. TITLE | VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCONNELL, RAMON | 22. NAME | |
| STREET ADDRESS | 833 E. HILL DR. | 23. STREET ADDRESS | |
| CITY, ST, ZIP | WEST PALM BEACH FL 33415 | 24. CITY, ST, ZIP | |
| TITLE | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY, ST, ZIP | | 34. CITY, ST, ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY, ST, ZIP | | 44. CITY, ST, ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY, ST, ZIP | | 54. CITY, ST, ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY, ST, ZIP | | 64. CITY, ST, ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct and that my signature shall have the same legal effect as if made under oath. 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 1, or Block 13, of this report, or on an attachment with additions.

SIGNATURE: *Ramon E. McConnell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR