

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **02/17/1994** 3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4	FET Number	Applied For
	65-0471560	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	<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 16757 RUSTIC RANCH RD LOXAHATCHEE FL 3347				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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, or both, if applicable. 2001 E. Registered Agent signature required when changing agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	UT
NAME	KAHAN, DAVID N	1.2 NAME	
STREET ADDRESS	16757 RUSTIC RANCH RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	MCGONNELL, RAMON	2.2 NAME	
STREET ADDRESS	899 E. HILL DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

700001818457
-05/13/96--01037--041
*****200.00**

APR 5-1996

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)(k), 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

CR2E034 (12/95)