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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400040927 (3)

ORLANDO MATTRESS COMPANY, INC.

Principal Place of Business Mailing Address							T I TABILDAL HIE JAHIN BIBNI BERUI DAVIK BATUI DEUT DIBNI I	ABITE IDITE	
4352 34TH 8	ST		4352 34TH ST						
SUITE 324 ORLANDO	20011		SUITE 324 ORLANDO FL 32811				DO NOT WRITE IN THIS SPACE		
US	96911	US	**** *** * * * * * * * * * * * * * * * *				3. Date Incorporated or Qualified		
							06/01/1994		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	,	Applied For
21		26	 				59-3247000		Not Applicable
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27							Required
City & Stat	8	├ ─¬	City & State				B. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	28	Zip Cou			,			d to Fees
24	25		¬ '				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr						10. Name and Address of New Registered Ag		
н	URD, JUNE M				81	Name			-
	152 S4TH ST				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	JITË 324								
j 01	RLANDO FL 32811								
İ				ŀ	84	City		85 Zij	p Code
	10.70		1500 50 11 00 11				F <u>L</u>	Щ	
office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida	Such change was	authorized	d by	the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoi	ntment a	as registered
SIGNATURE									
					Age	int signature require		NOTOTO	200 111 40
12.	D OFFICERS A	ND DIRECTO	DELETE	1.1 10	U.F.		ADDITIONS/CHANGES TO OFFICERS AND D	Change	
NAME	HURD, JUNE M			1.2 NA				_ onango	, C. Hounton
STREET ADDRESS	4352 34TH ST			1		ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 Ci					
TITLE			DELETE	2.1 TH				Change	Addition
NAME				22 NA	ME			-	i
STREET ADDRESS				2.3 ST	REET	ADDRESS			
CITY-ST-ZIP				2. 4 CI	<u> 14</u> -8	ST - ZIP			
TITLE			DELETE	3.1 TIT	LE			Change	Addition
NAME				3.2 NA	ME				
STREET ADDRESS				3.3 ST	REET	ADDRESS			İ
CITY+ST-ZIP			11 -2.	3.4. Cl		ST - ZIP		70	
TITLE			☐ DELETE	4.1 TiT			L	Change	Addilion
NAME				4. 2 N/					
STREET ADDRESS				•		ADDRESS			
CITY-ST-ZIP			DELETE	4.4 C11		T- ZIP		Change	Addition
TITLE			- DEFEIG	5.1 TiT			L	□ cuange	: FT VOOIIION
NAME				5.2 NA	ΜÉ				

6.4 CITY-ST-ZIP

14. Thereby 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.

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

2 27 0

140-01177

Change

Addition

FILED

Apr 20 1998 8:00am

Secretary of State