

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 # P94000047933 (4)

1. Corporation Name

SBS SLEEP PRODUCTS, INC.



Principal Place of Business

Mailing Address

~~W SCUTILLO & BLAKE, CPA PA~~
~~8000 NORTH UNIVERSITY DRIVE~~
~~FORT LAUDERDALE FL 33321~~

~~W SCUTILLO & BLAKE, CPA PA~~
~~8000 NORTH UNIVERSITY DRIVE~~
~~FORT LAUDERDALE FL 33321~~

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5535 A NW 35 Ave

26 5535 A NW 35 Ave

4. FEI Number

65-0504509

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Lauderdale FL

28 Ft. Lauderdale FL

Zip

Country

Zip

Country

24 33309

25 Broward

29 33309

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCUTILLO, BARRY C
8000 NORTH UNIVERSITY DRIVE
FORT LAUDERDALE FL 33321

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD
SHEREBRIN, BRIAN
STREET ADDRESS 8000 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33321

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS 5535^A NW 35 Ave

14 CITY-ST-ZIP FT LAUDERDALE FL 33309

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

4/29/96

(354) 677-0535

CR2E034 (12/95)