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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000055608 (1)

**BOYNTON MATTRESS CORP.** 

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FILED
Jan 25 1996 8:00 am
Secretary of State



Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.	Principal Place of Business Mailing Address				r Habiindai iid halifi bibii doiii ad	T HERINDEN IND HEIGH BURN BENIN BENIN BENIN BENIN BURN BURN BURN BURN BERIND BERIND NEW TORING		
2. Participe Pouce of Business   2a. Misling Advisers   5c. Misling	Albert Atmost F. St. Adda.							
Application								
S. Carricace of Statute Desired   Fee Required Fee Required   Fe	<u></u>		26				Applied For Not Applicable	
28   Turn   28	2		<b>}</b>			5. Certificate of Status Desired		
Country    2	3	28						
NILSEN, RICHARD 2800 COUNTRY CLUB LANE HALLANDALE FL 33009  84	- 1	25	29	·	/		intangible tax under s. 199.032,	
NILSEN, RICHARD 2000 COUNTRY CLUB LANE HALLANDALE FL 33009  11. Presument to the previous of Sections 607 6002 and 607 1508. Finitias Statutus, this above narrord corporation submits this statement for the purpose of changing its registered officency with and accept the obligations of Section 607 6005, Fordias Statutus, this above narrord corporation submits this statement for the purpose of changing its registered officency with and accept the obligations of Section 607 6005, Fordias Statutus  STEAM OFFICE SAND DIRECTORS  DEFENDENCY STATE  DEFEN		9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
200 COUNTRY CLUB LANE HALLANDALE FL 33009  11. Fursuant to the provisions of Sections 607,0502 and 607,1508. Fibrias Statutes, this above named corporation statutes this statement for the purpose of everying its ingistered officendary or registered agent, or tool, in the State of Fordia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and a complete of directors. I hereby accept the appointment as registered agent, at an officendary and a complete of directors. I hereby accept the appointment as registered agent, at an officendary agent and a complete of directors. I hereby accept the appointment as registered agent, at an officendary agent and a complete of directors. I hereby accept the appointment as registered agent, at an officendary agent and a complete of directors. I hereby accept the appointment as registered agent, at an officendary agent and a complete of directors. I hereby accept the appointment as registered agent, at an officendary agent and a complete of directors. I hereby accept the appointment as registered agent, at an officendary agent and a complete of directors. I hereby accept the appointment as registered agent, at an officendary agent and a complete of directors. I hereby accept the appointment as registered agent, at an appointment as registered agent. I am a complete agent agent and a complete agent agent and a complete agent agent agent agent agent. I am a complete agent agen				81	Name			
HALLANDALE FL 33009    State   Cay   FL   B5   Zip Code				82	82 Street Address (P.O. Box Number is Not Acceptable)		ie)	
1. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 formation in an accept the displacition of Soction 607,0505, Florida Statutes.    STANTURE				63	<u> </u>	***************************************		
familiar with, and accept the obligations of, Section 607,0505, Fiolds Statutes.  SIGNATURE:    Formular with, and accept the obligations of, Section 607,0505, Fiolds Statutes.   Formular with, and accept the obligations of, Section 607,0505, Fiolds Statutes.   Formular with, and accept the obligations of, Section 607,0505, Fiolds Statutes.   POTE Popularion Apont systems recover where exercing   DATE					- "			
Signature   Sign	or registered familiar with	the provisions of Sactions 607.0502 . d agent, or both, in the State of Florid i, and accept the obligations of, Section	and 607.1508, Florida Statu a. Such change was authori on 607.0505, Florida Statute	ites, the above- ized by the corp is.	named corpo oration's boa	pration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am	
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THE ADDRESS  TO STATE  TO thereby 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 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 17 if changed, or on an attachment with an address.			□ belete		I-ZIP			
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63 SIREET ADDRESS  1V-SI-ZIP  4. 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 trial 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 12 if phanged, or on an attachment with an address.			☐ DELETE				Change Addition	
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4. 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 12 or on an attachment with an address.	1			6.3 STREET	ADDRESS			
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