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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # F

P94000055608 (1)

BOYNTON MATTRESS CORP.

## FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						3 INDITORY O'N IDYTY RIGHT DOURT ROUTH ROYLL DOUBLE BY STILL BY 1917 BUT 1917 FOR
2900 COUNTRY CLUB LANE 2900 C			COUNTRY CLUB LANE			
HALLANDALE FL 33009		HALLANDALE FL 33009				DO MOT MORE IN THE ODIO
						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
						07/27/1994
2. Principal P	dress			4. FEI Number Applied For		
21		2a. Mailing Address				65-0528332 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				— \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No
		10. Name and Address of New Registered Agent				
NILSEN, RICHARD			81 Name		Name	
	00 COUNTRY CLUB LANE		82		Street Add	dress (P.O. Box Number is Not Acceptable)
HA	ILLANDALE FL 33009		-			
				83		
				84	City	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florid	a Statutes, the a	bove	e-named co	
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 reinstating)  DATE						
12.	OFFICERS AND		13.	, <u></u>	in agrana ioq	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DE		ITLE		☐ Change ☐ Addition
NAME	KATZ, SAM		1.2 N	IAME		
STREET ADDRESS	2900 COUNTRY CLUB LANE		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 0	ITY-S	T-ZIP	
TITLE	DVST	□ DE	DELETE 2.1 TIT			☐ Change ☐ Addition
NAME	NILSEN, RICHARD		2.2 NA		]	
STREET ADORESS	2900 COUNTRY CLUB LANE		2.3 STF		ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		2. 4 C		IT-ZIP	
TITLE			DELETE 3.1 YIT			Change Addition
NAME			3.2 N	AME	1	İ
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3,4. (	CITY - S	T-ZIP	
TITLE		☐ DEI	ETE 4.1 T	ITLE		☐ Change ☐ Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY - ST - ZIP			4.4 C	ITY-S	r-zip	
TITLE		☐ DEI	ETE 5.1 T	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CMY-ST-ZIP			5.4 C	ITY-S	r-zip	
TITLE		DEI				Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 %	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S		

14. I hereby certify that the information supplied with this filling 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 of

SIGNATURE:

P. A. S. MRERCO TOLO

12,00 (954) 961,455