

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90041 023 ***150.00

DOCUMENT # P94000055608

1. Entity Name

BOYNTON MATTRESS CORP.

Principal Place of Business

Mailing Address

2900 COUNTRY CLUB LANE
 HALLANDALE FL 33009

2900 COUNTRY CLUB LANE
 HALLANDALE FL 33009-5104

2. Principal Place of Business

3. Mailing Address

2268 N. Congress Ave.
 Suite, Apt. #, etc.

14665 Midway Rd.
 Suite, Apt. #, etc.

Bay 2268

Ste 100

City & State
 Boynton Beach, FL

City & State
 Addison, TX

Zip
 33426

Country
 USA

Zip
 75001

Country
 USA

4. FEI Number

65-0528332

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NILSEN, RICHARD
 2900 COUNTRY CLUB LANE
 HALLANDALE FL 33009

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P LANG, PHIL**
 STREET ADDRESS **14665 MIDWAY RD- STE 100**
 CITY-ST-ZIP **ADDISON TX 75244**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST ANDERSON, CHARLES**
 STREET ADDRESS **14665 MIDWAY RD- STE 100**
 CITY-ST-ZIP **ADDISON TX 75244**

TITLE Change Addition
 NAME **McColpin, Patrick J**
 STREET ADDRESS **14665 Midway Rd, Ste 100**
 CITY-ST-ZIP **Addison, TX 75001**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00
 Date

912-392-2202
 Daytime Phone #

CR2E034 (9/99)