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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 12 1998 8:00am

Secretary of State

DOCUMENT # P94000078180 (4)

BEDDING DISCOUNTERS, INC.

Principal Place of Business Mailing Address 4430 BRIDGEWATER DR 4430 BRIDGEWATER DR ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3277818 Not Applicable \$8.75 Additional Sulte, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Žip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOEBER, MICHAEL L 4430 BRIDGEWATER DR 82 ORLANDO FL 32817 83 84 City <u>ongwood</u> 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 hoth, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, than familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE

4-29-98 (NO)1 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE WOEBER, MICHAEL L NAME 1.2 NAME 2106 Judith Place Longwood, Fl 32779 4430 BRIDGEWATER DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE JOHNSON, ROBERT NAME 22 NAME 831 S.E. 5TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE JOHNSON, CLARENCE W. NAME 3.2 NAME 14154 ASTER AVE. STREET ADDRESS 3 3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIF 34. CITY-ST-ZIP DELETE Change TITLE 4.1 THILE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

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 changes, or on an attachment with an address