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 #

P94000078857 (7)

OAKWOOD MATTRESS CORP.

FILED
Jan 25 1996 8:00 am
Secretary of State

	· ·	~					
Principal Place of Business Mailing Address 2900 COUNTRY CLUB LANE 2900 COUNTRY CLUB LANE HALLANDALE FL 33009 HALLANDALE FL 33009					r neemaan nie 1800 8380 1840) 81	izer vo ffil so ll 1889/1848	1 18181 97111 1 981 1981
					3. Date Incorporated or Qualified 10/26/1994	3a. Date of Last 01/27/	•
. 1	<u>-</u>		. Mailing Address		4. FEI Number 65.	0547905	Applied For
21 Suite, Apt. #	r elc	Suito Ant # etc			APPLIED FOR		Not Applicable
22	, otc.	Suite, Apt. #, etc			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution	Adv	ded to Fees
Ζιμ 24	Country 25	2g)	Z _I p Country		8. This corporation has liability for		s 199.032,
11	9. Name and Address of Curr		[30]		Florida Statutes Yes 10. Name and Address of New F	No	
	, , , , , , , , , , , , , , , , , , ,		81	Name	TO, Marine and Address of feet (redistaten wheli	
	I, RICHARD B		82	Street Add	ress (P.O. Box Number is Not Acceptab	ula)	
3070 W).		ļ <u>.</u>	1 .c. Dox Harrison is Not Acceptate	110)		
HALLAN	NDALE FL 33009		83	1			
			84	City		85	Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607 1508 Florida Statuto	e the phous	200004 2000	ration submits this statement for the pur		
	ed agent, or both, in the State of Flon, and accept the obligations of, Se		s, the above- id by the corp	named corpo xoration's boa	ration submits this statement for the pur ird of directors. I hereby accept the app	pose of changing it: ointment as register	s registered office ed agent. I am
SIGNATURE .	i, and docept the obligations of, Se	scion 607,0505, Fidhoa Statutes.				_	-
S	algrature, typed or profed name of registered ag	ent and title if applicable (NOT	£ Registered Age	nt signature require	id when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	TORS IN 12
TIPLE NAME	DP	☐ DEFELE	1 1 TITLE			☐ Chang	e 🔲 Addition
STREET ADDRESS	KATZ, SAM 2900 COUNTRY CLUB LA	NC	1.2 NAME				
City-St Zip	HALLANDALE FL 33009	NAC .		T ADDRESS			
TITLE	DVST	DELE1E	1.4 CiTY - 1 2 1 TiTLE	51 - ZIP		Change	Addition
NAME	NILSEN, RICHARD		2 2 NAME				
SIRGH ADDRESS	2900 COUNTRY CLUB LA	NE	23 STREE	ADDRESS			
CHY-ST ZIP	HALLANDALE FL 33009		2.4 CITY-1	S1-ZIP			
Hick		☐ DELETE	3 1 TITLE			☐ Change	Addition
NAME Closes Apoptop			32 NAME				
STREET ADDRESS CHY-ST-ZP				T ADDRESS			
T ILE		DELETE	3.4 C/TY - \$	ST-21P		C7 Chones	- 1488
NAME			4.2 NAME			☐ Change	e 🔲 Addition
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-SI-ZIF			4.4 CiTY - 5				
THE		☐ DELETE	5 1 TITLE		47.1	☐ Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			53 STREET				
CITY - ST- ZIP TITLE		DELETE	5.4 CITY-S	1-719			
NAME		L) bittit	6 1 TITLE 6.2 NAME			Change	Addition
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY - ST - ZIP			64 C(TY - S	.T 7(P			
 I do hereby certify that the 	certify that the information supplied the information indicated coefficients	with this filing is voluntarily furnis	bod and dee		or the exemption stated in Section 119.0	07(3)(k), Florida Stat	utes. I further
oath: that La	an) an officer or director of the corr	noai report of supplemental armus	ompoured:	ie and accura lo execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 607, Flo	same legal effect as vida Statutes; and ti	if made under hat my name
entrough in t	Block 12 or Block 13 if changed, o	on an attachment with an address	ss. S/. c .		95	4	
SIGNATU	JRE: //	& 16 Hila	_720	(s)	-1898 916 916	61.400	ا ب
	GUATURE AND TYPED	DR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daylime Phon	