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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400093392 (6)

SLEEP WORLD INC.

Principal Place of Business 6712 US HIGHWAY 19 NEW PORT RICHEY FL 34652 Mailing Address

6712 US HIGHWAY 19 NEW PORT RICHEY FL 34652-1741

## FILED Apr 08 1997 8:00am Secretary of State



3a. Date of Last Report 07/11/1996

3. Date Incorporated or Qualified

12/27/1994

——————————————————————————————————————	lace of Business	2a. Mailing Add	2a, Mailing Address			4. FEI Number		Applied For	
21		26	· . · · · · · · · · · · · · · · · · · ·			59-3285375		Not Applicable	
Suite, Apt	#, etc	Suite, Apt.   27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required	
City & State City & State						6. Election Campaign Financing	\$5	.00 May Be	
23				Trust Fund Contribution		ided to Fees			
Zip	Country	Zip	, ·			8. This corporation has liability for intangible tax under s. 199.032,			
24					Florida Statutes Yes No				
g, Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent				
KRUFT, CHRISTOPHER J 6712 US HIGHWAY 19					o Name				
					82 Street Address (P.O. Box Number is Not Acceptable)				
NEW PORT RICHEY FL 34652					63				
·								ţ	
				B4	City		FL  65	Zip Code	
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 register								ing 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									
L	·				n signature required	<del>, , , , , , , , , , , , , , , , , , , </del>	DATE		
12.		ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	•						L Chi	ange 🔲 Addition	
NAME	KRUFT, CHRISTOPHER		1	MAME					
STREET ADDRESS	6712 US HIGHWAY 19 NEW PORT RICHEY FL 34852				ADDRESS			}}	
CITY - ST - 7IP	NEW PURI RICHET FL			CITY-ST	-ZIP	· · · · · · · · · · · · · · · · ·			
TITLE	· · · · · · · · · · · · · · · · · · ·						□ Ch	ange Addition	
NAME				IAME	-			j	
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP	·			CITY-ST	1-51b		F 65	1 440	
(	DELETE 3.1						□ Ch	ange 🗌 Addition	
NAME Proces approces				VAME	onnered			}	
STREET ADURESS			1		ADDRESS			j	
CITY-S1-ZiP			3.4. DELETE 411	CITY - ST	1-111	<u> </u>	□ Ch	ange Addition	
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STREET ADDRESS			L		ADDRESS			1	
CITY-ST ZIP				) TY-\$T				1	
TIFLE			DELETE 5.1 Y			······································	Cha	ange	
NAME				VAME					
STREET ADDRESS					ADORESS			(	
CHTY-ST-ZIP				CITY-ST	[			ĺ	
TITLE			DELETE 6.1 T			······································	Cha	ange Addition	
NAME			6.2 M	IAME	}			}	
STREET ADDRESS			635	STREET A	ADDRESS			}	
CITY - ST - ZIP			6.40	CITY-ST	- ZIP			ļ	
14. I do heret	by certify that the information	supplied with this filing does	not qualify for the	exen	notion stated i	n Section 119.07(3)(i), Florida Statut	tes. I further certify	that the	
14. I do 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 of well-good 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block/13 if changed, or in an attachment with an employer of the corporation of the co									
[4] TT. 1. //// - 7/2 2/2 / 2/									