

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 # **P94000093445 (2)**

1. Corporation Name

**MIRALUX SLEEP PRODUCTS (WEST), INC.**



Principal Place of Business

Mailing Address

**2926 WEST THOMAS ROAD  
PHOENIX AZ 85017  
US**

**730 WEST MCNAB ROAD  
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified  
**12/23/1994**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21. **4940 W. JEFFERSON**

26.

4. FEI Number

**65-0566922**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23. **Phoenix, AZ 85043**

28.

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24. **85043**

25. **USA**

29.

30.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KASPER, DEBBI  
% INTERNATIONAL BEDDING CORPORATION  
730 WEST MCNAB ROAD  
FT. LAUDERDALE FL 33309**

81. Name

**ROBIN GALLO**

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

**910 International Bedding Corporation**

83.

**730 West McNab Road**

84. City

**FT. LAUDERDALE**

FL

85. Zip Code

**33309**

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

**Robin Gallo**

**ROBIN GALLO**

**2/23/96**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **ELLMAN, LEON J**  
STREET ADDRESS **730 WEST MCNAB ROAD**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **DVP** ☐ DELETE  
NAME **DUANY, TONY**  
STREET ADDRESS **730 WEST MCNAB ROAD**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **ST** ☐ DELETE  
NAME **BRADY, GERALD J**  
STREET ADDRESS **730 W MCNAB ROAD**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **DVP** ☐ DELETE  
NAME **ELLMAN, NEIL**  
STREET ADDRESS **730 W MCNAB ROAD**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE  
NAME **MILLER, LAWRENCE**  
STREET ADDRESS **730 W MCNAB ROAD**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE  
NAME **WALKER, PHILLIP**  
STREET ADDRESS **730 W MCNAB ROAD**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: **G. J. Brady**

(Signature typed or printed name of signing officer or director)

**03.01.96**

Date

**(954) 977 3094**

Daytime Phone #

CR2E034 (12/95)