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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000019576**

1. Corporation Name
HIDE 'N' SLEEP WALL BEDS, INC.

Principal Place of Business	Mailing Address
2325 S. FEDERAL HWY. STUART FL 34994	2325 S. FEDERAL HWY. STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1995

4. FEI Number — Applied For / Not Applicable
65-0625270

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 HIDE N' SLEEP WALL BEDS	26 HIDE 'N' SLEEP WALL BEDS INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 2452 S.E FEDERAL HWY	27 2452 S.E FEDERAL HWY
City & State	City & State
23 STUART FL	28 STUART FL
Zip / Country	Zip / Country
24 34994 25 U.S.A	29 34994 30 U.S.A.

9. Name and Address of Current Registered Agent

STOELTING, RUTH
518 S. CAROLINA DR.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: JAY R. STOELTING
82 Street Address (P.O. Box Number is Not Acceptable): 518 SW S. CAROLINA DR
83 STUART
84 City: FL 85 Zip Code: 34994.

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: _____ 01.14.99.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	STOELTING, JAY R		12 NAME	
STREET ADDRESS	518 S. CAROLINA DR.		13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		14 CITY-ST-ZIP	
TITLE	VD	✓ DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	LEACH, RICHARD		22 NAME	
STREET ADDRESS	1620 S.E. VILLAGE GREEN DR.		23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		24 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	STOELTING, MICHELE		32 NAME	
STREET ADDRESS	518 S. CAROLINA DR.		33 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		34 CITY-ST-ZIP	
TITLE	T	✓ DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	LEACH, PATRICIA		42 NAME	
STREET ADDRESS	1620 S.E. VILLAGE GREEN DR.		43 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

SECRETARY 512243----1
-03/02/99--01061--003
[ ] Change [ ] Addition
****150.00 ****150.00

14. 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 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, with all other like empowered.

SIGNATURE: _____ 01.14.99 561-781-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number

0514304

CR2E034 (11/98)