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May 20 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032783 (9)

1. Corporation Name
BED MART INC.



Principal Place of Business

Mailing Address

4016 S.W. 139TH COURT

7441 N.W. 9TH ST

U.S.

U.S.

PLANTATION FL 33175

PLANTATION FL 33317-1021

U.S.

U.S.

PK. Blvd.

FA.

1040

FA.

Ft. Lauderdale FA.

FA.

2. Principal Place of Business

2a. Mailing Address

21 1650 West Oakland Pk. Blvd.

26 7441 N.W. 9TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 1040

27

City & State

City & State

23 Ft. Lauderdale FA.

28 Plantation FA.

Zip

Zip

24 33311-1513

29 33317

Country

Country

25 Broward

30 Broward.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL

85 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 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

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

D

WOOD, AARON 7441 N.W. 9TH ST.

NAME

% 4016 S.W. 139TH COURT U.S.

STREET ADDRESS

MIAMI FL 33175

CITY-ST-ZIP

Plantation FA. 33317

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

Aaron M. Wood

5/15/97

954-791-2229

CR2E034 (9/96)