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 # **P95000074092 (4)**

1. Corporation Name

SMARTER SOFA SLEEPERS, INC.

Principal Place of Business	Mailing Address
13542 NORTH FLORIDA AVENUE SUITE 208 TAMPA FL 33613	13542 NORTH FLORIDA AVENUE SUITE 208 TAMPA FL 33613

3. Date Incorporated or Qualified: 09/20/1995

3a. Date of Last Report: N/A

2. Principal Place of Business
21: 11640 N. DALE MABRY Hwy
22: Suite, Apt. #, etc.:
23: City & State: TAMPA FL
24: Zip: 33618
25: Country: USA

2a. Mailing Address
26: 11640 N. DALE MABRY Hwy
27: Suite, Apt. #, etc.:
28: City & State: TAMP FL
29: Zip: 33618
30: Country: USA

4. FEI Number: 59-3338712 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACK, TERRY
13542 NORTH FLORIDA AVENUE
SUITE 208
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: TERRY BLACK
82 Street Address (P.O. Box Number is Not Acceptable): 11640 N. DALE MABRY HWY
83:
84 City: TAMPA FL 85 Zip Code: 33618

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: Terry Black, TERRY BLACK V.P. DATE: 4/15/96
Signature, typed or printed name of registered agent and title if agent is a corporation — (NOTE: Registered Agent Signature required in all cases)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STUART GLASSER		1.2 NAME	
STREET ADDRESS	8706 WINDELSTRAW WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TERRY BLACK		2.2 NAME	
STREET ADDRESS	16203 COUNTRY CROSSING DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LINDA GLASSER		3.2 NAME	
STREET ADDRESS	8706 WINDELSTRAW WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647		3.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JENNIFER BLACK		4.2 NAME	400001800044
STREET ADDRESS	16203 COUNTRY CROSSING DR		4.3 STREET ADDRESS	-04/29/96--01130--014
CITY-ST-ZIP	TAMPA FL 33624		4.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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.

4-29-96

SIGNATURE: Terry Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #