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
13542 NORTH FLORIDA AVENUE
SUITE 208
TAMPA FL 33613

Mailing Address
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. 4/15/96
Signature, typed or printed name of registered agent, and title if applicable — Registered Agent Signature required if registered office is changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	STUART GLASSER	
STREET ADDRESS	8706 WINDELSTRAW WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	TERRY BLACK	
STREET ADDRESS	16203 COUNTRY CROSSING DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SECRETARY	☐ DELETE
NAME	LINDA GLASSER	
STREET ADDRESS	8706 WINDELSTRAW WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TREASURER	☐ DELETE
NAME	JENNIFER BLACK	
STREET ADDRESS	16203 COUNTRY CROSSING DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	400001800044	☐ Change ☐ Addition
4.2 NAME	-04/29/96--01130--014	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: Terry Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-29-96

CR2E034 (12/95)