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FILED

Feb 12 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 # P95000083184 (8)

1. Corporation Name  
THE MATTRESS MARKET INC.

Principal Place of Business  
2213 EAST ATLANTIC BLVD.  
POMPANO BEACH FL 33062-5209

Mailing Address  
2213 EAST ATLANTIC BLVD.  
POMPANO BEACH FL 33062-5209



2. Principal Place of Business

21 821 S. US Hwy 17-92

Suite, Apt. #, etc.

22 Suite 149

City & State

23 Longwood, FL

Zip Country

24 32750

25

2a. Mailing Address

26 821 S. US Hwy 17-92

Suite, Apt. #, etc.

27 Suite 149

City & State

28 Longwood, FL

Zip Country

29 32750

30

3. Date Incorporated or Qualified

10/31/1995

3a. Date of Last Report

02/13/1996

4. FEI Number

65-0620103

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

FAHMY, HANY  
2213 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062-5209

10. Name and Address of New Registered Agent

81 Name

Steven Milesic

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

821 S. US Hwy 17-92 suite 149

83

84 City

Longwood, FL

FL

85 Zip Code

32750

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

2-6-97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME MILESIC, STEVEN  
STREET ADDRESS 1261 N.E. 27TH WAY  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☒ DELETE  
NAME MILESIC, MIKE  
STREET ADDRESS 1261 N.E. 27TH WAY  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☒ DELETE  
NAME MILESIC, ERIKA  
STREET ADDRESS 1261 N.E. 27TH WAY  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Director ☒ Change ☐ Addition  
1.2 NAME STEVEN MILESIC  
1.3 STREET ADDRESS 621 S. US 215 BANYAN CT.  
1.4 CITY-ST-ZIP Winter Springs, FL 32708

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME MIKE MILESIC  
2.3 STREET ADDRESS 660 10th ST  
2.4 CITY-ST-ZIP Key Colony Bch, FL 33051

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME ERIKA MILESIC  
3.3 STREET ADDRESS 660 10th ST  
3.4 CITY-ST-ZIP Key Colony Bch, FL 33051

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

Date

407-696-6474

Daytime Phone #

CR2E034 (9/96)