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Mar 28 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 # P96000049626 (0)

1. Corporation Name
HALL OF FOAM, INC.

Principal Place of Business
51 SE 1ST AVE
BOCA RATON FL 33432

Mailing Address
51 SE 1ST AVE
BOCA RATON FL 33432-4836



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
06/10/1996

3a. Date of Last Report

4. FEI Number

65-0673508

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

CICALESE, GARY
51 SE 1ST AVE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
LYNN PRAKAS

82 Street Address (P.O. Box Number is Not Acceptable)
51 SE 1ST AVE

83

84 City BOCA RATON

FL

85 Zip Code
33432

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Donna PRAKAS

3-21-97

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
CICALESE, GARY
1440 AUGUSTA CIR UNIT 120
DELRAY BEACH FL 33445

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DONNA M. PRAKAS
51 SE 1ST AVE
BOCA RATON, FL 33432

Change Addition

2.1 TITLE
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2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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30.4 CITY-ST-ZIP

Change Addition

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-97

561-416-9444

Date

Daytime Phone #

CR2E034 (9/96)