FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000065978 (4)

FILED Jun 25 1998 8:00am Secretary of State

SLEEP	Y E, INC.					
Principal Place	e of Business	Mailing Address			- 1 LOGINDOL HAN TOLIN DIEN DONN ROUN BRANT DRANG	BANDE BENTA TOTAL HOURY LONG TODA
4375 9TH LA VERO BEACH		4375 9TH LANE VERO BEACH FL 32966	3			
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified 08/07/1996	
	lace of Business	2a. Mailing Address	. A A I	4	4. FEI Number	Applied Far
21 1882			a wixie	HWY	65-0684643	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Vero Beach		City & State 28 Vero Be	Vero Beach		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 329	40 25 Indian Riv	11029 32960	Country 30 DVd	ian Kivek	This corporation owes or has paid the c Personal Property Tax due June 30.	current year Inlangible
24 20	Name and Address of Currer		1901		10. Name and Address of New Registere	
EARMAN, JOSEPH H. 81 Name						
4375 9TH LANE VERO BEACH FL 32966			82	Streel Addres	ss (P.O. Box Number is Not Acceptable)	
\ \ *\	NO BEACH PL 32900		83	 		
			84	City		85 Zip Code
				<u> </u>	F	
office or re	to t he provisions of Sections 607 050 egi <mark>ste</mark> red agent, or both, in the State in f <mark>am</mark> iliar with, and accept the oblig	e of Florida. Such change was	authorized by	y the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accopt the a	ppointment as registered
SIGNATURE	Signature typed or profest name of respectived asp	active at the intapplicable (NO	Tr. flog-Terco Ag	ent signature required	o when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	ĺ		Change Addition
NAME	EARMAN, ELIZABETH A		1.2 NAME			F034
STREET ADDRESS	4375 9TH LANE		1 3 STREET	I ADDRESS		الإ
CITY-ST-ZIP			1.4 CITY - 5	S1 - ZiP		
THLE	VPTD	-		1		Change Addition C
NAME	G. F. 111 111		2.2 NAMF			
STREET ADDRESS	S 4375 9TH LANE VERO BEACH FL 32966		23 STREET			
CITY-ST-ZIP TITLE	VERU DEACH FL 32900	DELETE	2. 4 CHY-	SI-ZIP		Change Addition
NAMÉ		L DUITE	3 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DETETE	4.1 TITLE	01-711		Change Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 \$1REF	I ADURESS		•
CITY-ST-ZIP			4.4 CHY-5	l l		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TIFLE		DELETE	61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET	FADDRESS		
CITY-ST-ZIP			6.4 CITY - 9	ST-ZIP		

14. Thereby 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 inmust report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, 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 changes, or on an attachment with an address