

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000009588 (9)

1. Corporation Name

BEDDING WAREHOUSE, INC.

Principal Place of Business

Mailing Address

737 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33880

737 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33880

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Zip

Country

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BRUCE, LEON  
737 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33880

81 Name

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

83

84 City

FL 85 Zip Code

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

*Leon Bruce*

*Leon Bruce*

1-13-98

DATE

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

(NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUCE, LEON	1.2 NAME		
STREET ADDRESS	100 EL CAMINO DRIVE, #314	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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: *Leon Bruce*

*Leon Bruce*

1-13-98

04/11/2014 4221

CR2E034 (10/97)