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 # P97000010606 (6)

PGA MATTRESS CORP.

Principal Place of Business Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



1 Intoput I to	00 01 00011000	2900 COUNTRY CLUB LANE. SOUTHWEST HALLANDALE FL 23009					
	TRY CLUB LANE. SOUTHWEST LE FL 33009				MEST		
INTERNITORIE I S SUSSI		THE STATE OF THE S				DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified	
						02/03/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		26			 >	105-073995\ Not Applicable	
Suite, Apt	.#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & Sta	ite	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	!	8. This corporation owes or has paid the current year Intangible	
24	25	29 30				Personal Property Tax due June 30. Yes No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
K	ATZ, ANDREW			81	Name		
2900 COUNTRY CLUB LANE, SOUTHWEST				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
HALLANDALE FL 33009			ŀ	_	000.7.0	and both to the thought to the transfer of the	
				83			
			-	0.4	03		
				84	City	FL 85 Zip Code	
11. Pursuani	to the provisions of Sections 607.05	02 and 607.1508, Florida Stal	tutes, the ab		a-named co	orporation 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 ag	ent and title if applicable (N	OTI- Registered	Age	ant signature rec	equired when reinstating) DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 10	LE	T	☐ Change ☐ Addition	
NAME	LANG, ABRAHAM		1.2 NA	ME			
STREET ADDRESS	2900 COUNTRY CLUB LANE	. SOUTHWEST			ADDRESS		
CITY-ST-ZIP HALLANDALE FL 33009		.,		1.4 CITY-ST-ZIP			
TITLE	VOD DELETE 23T			1.5"	Change Addition		
NAME	ALL THE ALL THE MENTAL I		2.2 NA				
STREET ADDRESS	2900 COUNTRY CLUB LANE	COLITHWEST			1000000		
	HALLANDALE FL 33009	., SOCITIFICS!			ADDRESS		
_CITY-ST-ZIP TITLE				2. 4 City-ST-ZIP 3.1 Title		Change Addition	
					C ovarille C vacation		
NAME	AND COUNTRY OF THE COURT BUTCOT		3.2 NA				
STREET ADDRESS	1441 4 4 1D 44 F F1 ADADA				ADDRESS		
CITY-ST-ZIP					ST-ZIP	Character Character	
TITLE	_			4.1 TITLE		L1 Change L1 Addilion	
NAME			4. 2 NA				
STREET ADDRESS			4.3 \$10	REET	ADDRESS		
CITY-ST-ZIP			4.4 CH	~~	r- zip		
TITLE	☐ DELET E		5.1 TIT	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NA	ME		j	
STREET ADDRESS			5.3 \$1	REET	ADDRESS		
CITY-ST-ZIP			5.4 CiT	Y-\$	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NA	ME		1	
STREET ADDRESS			6.3 \$11	REET	ADDRESS		
CITY-ST-ZIP			6.4 CIT		į į		
	<u> </u>		0.7 011		"		

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 of 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.