

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90275 026 ***150.00

DOCUMENT # P97000010606

1. Corporation Name
PGA MATTRESS CORP.

Principal Place of Business
2900 COUNTRY CLUB LANE, SOUTHWEST
HALLANDALE FL 33009

Mailing Address
2900 COUNTRY CLUB LANE, SOUTHWEST
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

65-0739951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

81 Name

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

83

84

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME LANG, ABRAHAM
STREET ADDRESS 2900 COUNTRY CLUB LANE, SOUTHWEST
CITY-ST-ZIP HALLANDALE FL 33009

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Phil Lang
1.3 STREET ADDRESS 14605 Midway Rd, Ste 100
1.4 CITY-ST-ZIP Addison TX 75244

TITLE VOD ☒ DELETE
NAME KATZ, ANDREW
STREET ADDRESS 2900 COUNTRY CLUB LANE, SOUTHWEST
CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition
2.2 NAME Charles Anderson
2.3 STREET ADDRESS 14605 Midway Rd, Ste 100
2.4 CITY-ST-ZIP Addison TX 75244

TITLE STD ☒ DELETE
NAME NILSEN, RICHARD
STREET ADDRESS 2900 COUNTRY CLUB LANE, SOUTHWEST
CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Anderson 4/27/99 (972) 392-2202

Date

Daytime Phone #

CR2E034 (11/98)