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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000049259 (9)

1. Corporation Name

ULTRAMATIC SLEEP OF FLORIDA, INC.

Principal Place of Business

517 SW 1 AVE
FT LAUDERDALE FL 33301

Mailing Address

517 SW 1 AVE
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

65-0769084

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 2083 N. Powerline Road

Suite, Apt. #, etc.

22 Suite H

City & State

23 Pompano Beach, FL

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 2083 N. Powerline Road

Suite, Apt. #, etc.

27 Suite H

City & State

28 Pompano Beach, FL

Zip

29 33069

Country

30 USA

9. Name and Address of Current Registered Agent

VOVA, CINDY S
517 SW 1 AVE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D PATERSON, RON EDWARDS
STREET ADDRESS
517 SW 1 AVE
CITY-ST-ZIP
FT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
D PATERSON, DONNA
STREET ADDRESS
517 SW 1 AVE
CITY-ST-ZIP
FT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME
D Patterson, Ron Edwards
1.2 STREET ADDRESS
2083 N. Powerline Road
1.3 CITY-ST-ZIP
Suite H, Pompano Beach, FL 33069

2.1 TITLE ☐ Change ☐ Addition

NAME
D Patterson, Donna
2.2 STREET ADDRESS
2083 N. Powerline Road, Suite H
2.3 CITY-ST-ZIP
Pompano Beach, FL 33069

3.1 TITLE ☐ Change ☐ Addition

NAME
3.2 STREET ADDRESS
3.3 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
5.2 STREET ADDRESS
5.3 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
6.2 STREET ADDRESS
6.3 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 its 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: V

D. J. Patterson

1-12-98

1-800-763-6632

CR2E034 (10/97)