

P97000056029

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TELEPHONE (954) 983-2211
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April 8, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: SLEEP AMERICA, INC.

300002836979--2
-04/12/99--01139--019
*****35.00 *****35.00

To Whom it May Concern:

Enclosed please find an original, signed Statement of Change of Registered Office for Corporations of Sleep America, Inc. and our trust check in the amount of \$35.00, for your fee.

If you have any questions or problems, please do not hesitate to contact the undersigned.

Very truly yours,

MARSHALL DOUGLAS PLATT, P.A.
Attorney at Law

BY: *M. D. Platt*
MARSHALL D. PLATT, ESQUIRE

MDP/kgs

Enclosures

cc: David Turner

FILED
99 MAY 18 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Charge
LFT 5-20-99

489,709.67

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April 28, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: SLEEP AMERICA, INC.

To Whom it May Concern:

Enclosed please find an original, signed Statement of Change of Registered Office or Registered Agent or Both for Corporations of Sleep America, Inc. Please be advised that we have already sent in our trust check in the amount of \$35.00, for your fee for same (see a copy of your attached letter).

If you have any questions or problems, please do not hesitate to contact the undersigned.

Very truly yours,

MARSHALL DOUGLAS PLATT, P.A.
Attorney at Law

BY:


MARSHALL D. PLATT, ESQUIRE

MDP/kgs

Enclosures

cc: David Turner



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 15, 1999

Marshall D. Platt, Esquire
3864 Sheridan Plaza
Hollywood, FL 33021

SUBJECT: SLEEP AMERICA, INC.
Ref. Number: P97000056029

We have received your document for SLEEP AMERICA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 099A00019402

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: SLEEP AMERICA, INC.
2. The mailing address of the corporation is: 8204 N.W. 42nd Street, Coral Springs,
Florida, 33065
3. Date of incorporation/qualification: 6/25/97 Document number: P97000056029
4. The name and address of the current registered agent and office:

BRIAN SHEREBRIN

8204 N.W. 42nd Street

Coral Springs, Florida 33065

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

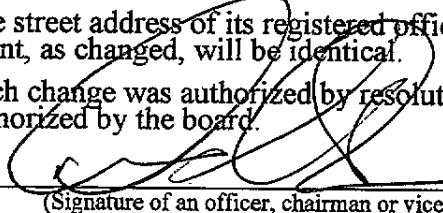
RICK WILSSENS

3975 North Federal Highway

Lighthouse Pointe, Florida 33064

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

Apr 23 - 99
(Date)

FILED
99 MAY 18 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DAVID TURNER, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

4-26-99
(Date)

If signing on behalf of an entity:

RICK WILSSENS, Registered Agent

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****