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

DOCUMENT # **P97000067500**

FLMG MATTRESS CORP.

Principal	Place	of Bu	siness

Mailing Address

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

04-29-1999 90275 023 ***150.00



2900 County Club Lane Southwest Hallandale FL 33009	2900 COUNTY CL HALLANDALE FL	ub lane southwest 33009	3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Place of Business	· 2a. Mailing Addr	ess	08/05/1997 4. FEI Number 65-0779254	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt		etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution			
Zip Country	Zip 29	Country 30	This corporation owes the current year Personal Property Tax.	ntangible ☑Yes ☐No		
9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name 82 Street Address (PAO_Box Number is Not Acqeptable) 83 **EE** 85 **Zin Code. I. Y			
 Pursuant to the provisions of Sections 607. office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob 	ate of Florida. Such chan	ge was authorized by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered ointment as registered		

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. dert Change DELETE 1.1 TITLE TITLE Phililara 4665 Midway Rd, Ste100 KATZ, SAM 1.2 NAME NAME 2900 COUNTY CLUB LANE SOUTHWEST 1.3 STREET ADDRESS STREET ADDRESS TX 75244 HALLANDALE FL 33009 1.4 CITY-ST-ZIP CITY-ST-ZIP NO DELETE 21 TITI F acretary | Treasurer Charles Anderson Change ☐ Addition TITLE KATZ, ANDREW 2.2 NAME NAME 14005 Midway Rd, Stero 2900 COUNTY CLUB LANE SOUTHWEST 2.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 2. 4 CITY-ST-ZIP Addison CITY-ST-ZIP ☐ Change _ ☐ Addition STD DELETE 3.1.TITLE TITLE. NILSEN, RICHARD 3.2 NAME NAME 2900 COUNTY CLUB LANE SOUTHWEST 3.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE LANG, PHILIP 4. 2 NAME NAME 2900 COUNTY CLUB LANE SOUTHWEST 4.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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 attackment with a raddress, with all other like empowered.

SIGNATURE:

FEQUERER Anderson 4/27/99

CR2E034 (11/98)