

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073519 (5)

1. Corporation Name
CLOUD NINE MATTRESS OUTLET, INC.

Principal Place of Business
8820 S.W. STATE ROAD 200
OCALA FL 34481

Mailing Address
8820 S.W. STATE ROAD 200
OCALA FL 34481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8820 S.W. STATE ROAD 200 Suite, Apt. #, etc. 22 SUITE 100 City & State 23 Ocala, FL Zip 24 34481		2a. Mailing Address 26 8820 S.W. STATE ROAD 200 Suite, Apt. #, etc. 27 SUITE 100 City & State 28 Ocala, FL Zip 29 34481		3. Date Incorporated or Qualified 08/19/1997	
				4. FEI Number 59-3463911	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MC ARTHUR, MELISSA 702 S.E. 12TH ST. OCALA FL 34471		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 Melissa McArthur (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	5.1 TITLE
NAME	MC ARTHUR, MELISSA	1.2 NAME	5.2 NAME
STREET ADDRESS	702 S.E. 12TH ST.	1.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE		2.1 TITLE	6.1 TITLE
NAME		2.2 NAME	6.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Melissa McArthur

4/30/98 352-861-1000

CP2E034 (10/97)