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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073519

CLOUD N	IINE MATTRESS OUTLET,	INC.						IDIO 1011 1001
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Principal Place	of Business	Mailing Address		181		1 0 (5) 00 1): 00191 (1		1818 1811 1887
8820 SW HWY 2		8820 SW HWY 200					•	•
STE. D		STE. D		DO NOT WRITE IN THIS SPACE				
OCALA FL 34481	l	OCALA FL 34481 US		-	3. Date Incorporated or Qualifect			
US		00			08/19/1997			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	-	Арр	lied For
21 Principal r la	,	26			59-3463911			Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22	·	27			-		Fee Req	
City & State		City & State			6. Election Campaign Financing	, .	\$5.00 A Added to	
23		28			Trust Fund Contribution			rees
Zip	Country	Zip	Country		This corporation owes the cu Personal Property Tax.	irrent year inte	angnble ∐Yes [□No
24	25		30		10. Name and Address of New	Registered A	Agent	
	9. Name and Address of Currer	it Kedisteled Adeir	81	Name			•	
MC A	ARTHUR, MELISSA		· .		ress (P.O. Box Number is Not Accep	atable)		
	E. RIVERSIDE DR.		82	Street Addr	ess (P.O. Box Number is Not Accep	Rabia) Sense case dans	endade dinas ja d	A TO 1 M 3 5 - 1 5 5 7 5
	NELLON FL 34434		83	•	1-5-6-48 1.6186		强油制	
		•		0.1		SEPTE BARTE	85 "Zip C	ode (1)
			84	City		FL		
							changing its (registered {
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	-named corp	poration submits this statement for the	e purpose of	ntment as red	istered
11. Pursuant t	to the provisions of Sections 607.050 agistered agent, or both, in the State	02 and 607.1508, Florida Statutes of Florida. Such change was autions of Section 607.0505, Flori	s, the above thorized by da Statutes	e-named corp the corporation.	poration submits this statement for the on's board of directors. I hereby acc	ept the appoi	ntment as reg	jistered
e agent. I ar	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obligations are supported to the obligations of the	02 and 607.1508, Florida Statutet of Florida, Such change was au ations of, Section 607.0505, Flori	s, the above thorized by da Statutes	e-named corp the corporation.	poration submits this statement for the on's board of directors. I hereby acc		ntment as reg	jistered
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elemanue	n familiar with, and accept the obligations of registered age	Ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: I ND DIRECTORS	da Statutes Registered Ager		od when reinstating) . ADDITIONS/CHANGES TO C	DATE	ID DIRECTO	RS IN 12
office or read agent. I are	n familiar with, and accept the obligation of th	ations of, Section 607.0505, Flori	da Statutes Registered Ager 13. 1.1 TITLE		od when reinstating)	DATE		
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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: