FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000098104 (7) DOCUMENT

Principal Place of Business	Mailing Address	
7000 BRYAN DIARY RD UNIT B3 LARGO FL 33777	7000 BRYAN DIARY RD UNIT B3 LARGO FL 33777	
		3. Date Inc. 11/18/
2. Principal Place of Business	2a. Mailing Address	4. FEI Num

FILED Feb 17 1998 8:00am Secretary of State

GULFCOAST BEDDING CORP. DO NOT WRITE IN THIS SPACE orporated or Qualified 1997 Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zıp Country This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** Name ALICEA, OLGA I 7000 BRYAN DIARY RD UNIT B3 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33777** 83 84 City 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition NAME alicea. Olga i 1.2 NAME 2R2E034 7000 BRYAN DIARY RD UNIT B3 STREET ADDRESS 1.3 STREET ADDRESS **LARGO FL 33777** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 DTLE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELFTE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 City-St-ZiP CITY-ST-ZIP

14. Thereby 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: