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

PROFIT CORPORATION ANNUAL/REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102533 (1)

WEST PINES MATTRESS CORP.

Principal Place of Business Mailing Address 2900 COUNTRY CLUB LANE SOUTHWEST 2900 COUNTRY CLUB LANE SOUTHWEST

FILED Feb 10 1998 8:00am Secretary of State



HALLANDALE PL SOLOS		HALLANDALE PL 33009				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified			
						12/05/1997			
	lace of Business	2a. Mailing Addre	a. Mailing Address			4. FEI Number	Applied For		
21		26				Applied For	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			E Cartificate of Status Desired \$8.	75 Additional		
22		27				F(e Required		
City & Stat	e	City & State	¬ '				.00 May Be		
23 Zip	, 28 Country , Zip Cou			ountry			Ided to Fees		
24	25	29	├ ──¬	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cultrer					10. Name and Address of New Registered Agent			
KATZ, ANDREW					81 Name				
2900 COUNTRY CLUB LANE SOUTHWEST				82	0	eet Address (P.O. Box Number is Not Acceptable)			
	LLANDALE FL 33009				Street	et Address (P.O. Box Number is Not Acceptable)			
	•			83					
				84	Oit.		71 - O. d.		
				04	City	FL ⁸⁵	Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florid	a Statutes, the a	above	-named	corporation submits this statement for the purpose of chang	ing 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									
	Signature, typed or portlad name of registered age				nt signature	required when reinstating) DATE			
12.	OFFICERS AN	DIRECTORS DEL	13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC			
TITLE NAME	KATZ, SAM	☐ DEI		IIILE		☐ Cha	inge [] Addition		
STREET ADDRESS 2900 COUNTRY CLUB LANE SOUTHWEST				1.2 NAME					
	HALLANDALE FL 33009	00011111201	1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	VD	DEL DEL		HTLE	1 - 2112	Cha	nge Addition		
NAME	MATT AMPROV			NAME					
STREET ADDRESS	ASSO COMMENS OF THE LANG COMMENSOR			2.3 STREET ADDRESS					
CITY-ST-ZIP	MALIANDALE EL 00000			CITY-S					
TITLE	D	☐ DEI.				Cha	nge Addition		
NAME	LANG, ABRAHAM		3.2 N	NAME	[
STREET ADDRESS 2900 COUNTRY CLUB LANE SOUTHWEST			3.3 9	STREET	address				
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-S	T-ZIP				
TITLE	STD	☐ D£I.	ETE 4.1 T	IDLE	Ī	[] Cha	nge Addition		
			4.21	NAME					
I I I I I A I I A I I A I I A I I A I I A I			4.3 S	STREE I	ADDRESS				
C(TY-ST-ZIP	HALLANDALE FL 33009			CITY-\$1	- ZIP				
TITLE	AANO DUU ID	□ DEL	I	5.1 TITLE		Cha	nge / 🗆 Addition		
NAME	LANG, PHILIP	COLITABLECT	5.2 N			\mathcal{A}/\mathcal{A}	1/1		
STREET ADDRESS	2900 COUNTRY CLUB LANE	POOTUMERI			ADDRESS	<i>"//)≪</i>	/ <i>IU</i>		
CITY-ST-ZIP	HALLANDALE FL 33009	II pro		HY-SI	· ZIP		1 119		
TITLE		☐ DELI	_ ·	-		500002428595	nge 🔲 Addition		
			62 N			-02/12/9801030035			
STREET ADDRESS			■ 63S	IREFT	ADDRESS	<u> </u>			

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 logal 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.

***150.00