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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90275 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000002008

1. Corporation Name
PALMETTO MATTRESS CORPORATION



Principal Place of Business
2900 COUNTRY CLUB LANE SW
HALLANDALE FL 33009

Mailing Address
2900 COUNTRY CLUB LANE SW
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0823668	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, ANDREW
2900 COUNTRY CLUB LANE SW
HALLANDALE FL 33009

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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. 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	KATZ, SAM	1.2 NAME	Phil Lang
STREET ADDRESS	2900 COUNTRY CLUB LANE SW	1.3 STREET ADDRESS	14605 Midway Rd. Ste 100
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	Addison Tx 75244
TITLE	D ☒ DELETE	2.1 TITLE	Secretary/Treasurer ☒ Change ☐ Addition
NAME	LANG, ABRAHAM	2.2 NAME	Charles Anderson
STREET ADDRESS	2900 COUNTRY CLUB LANE SW	2.3 STREET ADDRESS	14605 Midway Rd. Ste 100
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	Addison Tx 75244
TITLE	VD ☒ DELETE	3.1 TITLE	
NAME	KATZ, ANDREW	3.2 NAME	
STREET ADDRESS	2900 COUNTRY CLUB LANE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	STD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NILSEN, RICHARD	4.2 NAME	
STREET ADDRESS	2900 COUNTRY CLUB LANE SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	
TITLE	P ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANG, SAM	5.2 NAME	
STREET ADDRESS	2900 COUNTRY CLUB LANE SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Anderson 4/27/99 (912) 392-2202

CR2E034 (11/98)