

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90117 039 ***150.00

DOCUMENT # P98000042920

1. Corporation Name
LONDON BED COMPANY, INC.

Principal Place of Business
730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309

Mailing Address
730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1998

4. FEI Number

65-0835490

Applied For

Not Applicable

5. Certificate of Status Desired

☐ Yes ☒ No \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ Yes ☒ No \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADY, GERALD J
730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309

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

NAME ELLMAN, J L
STREET ADDRESS 730 WEST MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VP TREASURER
2.3 STREET ADDRESS GERALD J. BRADY
2.4 CITY-ST-ZIP 730 W. MCNAB RD.
FORT LAUDERDALE, FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VP SECRETARY
3.3 STREET ADDRESS ARTHUR J. BERR
3.4 CITY-ST-ZIP 730 W. MCNAB RD.
FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME VP
4.3 STREET ADDRESS NEIL ELLMAN
4.4 CITY-ST-ZIP 730 W. MCNAB RD.
FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME VP
5.3 STREET ADDRESS LANCE ELLMAN
5.4 CITY-ST-ZIP 730 W. MCNAB RD.
FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(l), 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:

GERALD BRADY, VP/TR

1/19/99

(954) 977-3094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0289100

CR2E034 (11/98)