2.1 TITLE TITLE DELETE 2.2 NAME NAME -01005--021 STREET ADDRESS 2.3 STREET ADDRESS ****150.00 ****150.00 CiTY-ST-ZiP 2.4 CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition 4.2 NAME NAME .3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 8.1 TITLE Change Addition TITLE DELETE NAME 8.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 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:

SIGNATURE:

(2/33)

CR2E034

July 14, 1999

SlumberRest, Inc. 1107 Derbyshire Road Holly Hill, Florida 32117

State of Florida **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

RE:P9800056383

Dear Ms. Bartlett,

Per our phone conversation on 7/13/99 regarding the past due notice for the annual Corporation report. I am enclosing the \$ 150.00 dollars for annual filing fee. As I stated previously that we never received the first notice. Thank you again for waiving the late/penalty fees. The address has changed since the mailing of this document. The changes were made to the annual report. If there are any questions or further information is required please do not hesitate to contact me at 904-255-1462 Monday through Friday 9:00 am to 5:00 pm.

Sincerely

Frank Quakenbush

Apartiers Manga