## 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

## DOCUMENT # S28411

1. Corporation Name

MATTRESS GIANT, INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90272 011 \*\*\*150.00



							(	
Principal Place of Business Mailing Address							)(#11 <b>#1#11 #1#</b> 11	
3050 W HALLANDALE BEACH BLVD 3050 W HALLANDALE BEACH HALLANDALE FL 33009 HALLANDALE FL 33009			I BLVD			DO NOT WIRITE IN THIS	, CDACE	
·						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						01/30/1991		ļ
2. Principal Place of Business 2a. Mailing Address					-	4. FEI Number	Ar	pplied For
21	26					65-0251674	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>			5. Certificate of Status Desired	\$8.75	Additional
27						5. Certificate of Status Desired	Fee R	equired
City & State	9	City & State	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip				8. This corporation owes the current year Intangible				
24	25 29 30			Personal Property Tax.				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
ANI CENT DICHADO D				81	Name	e		
NILSEN, RICHARD B. 3050 W. HALLANDALE BEACH BLVD.				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
	LANDALE FL 33009		-	83				
			}	84	City		85 Zip	Code
)	•				•		<b>-</b>	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auf	horized	by th	named corpo ne corporation	oration submits this statement for the purpose on a board of directors. I hereby accept the apport	changing its intment as re	s registered agistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered /	Agent s	ignature required	when reinstating) DATE		
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PD	DELETE	1,1 TITI	LΕ	Pro	esident	Change	☐ Addition
NAME	KATZ, SAM		1.2 NA	ME	Pn	il larg, and stellar		
STREET ADDRESS	3050 W HALLANDALE B BLVD		1.3 STF	REETA	DORESS 14	1065 Midway Rd, Ste 100	•	)
CITY-ST-ZIP	HALLANDALE FL		1.4 CIT	Y-ST-Z	ZIP Ac	buson TK 75244		
TITLE	,,,		2.1 TIΠ	LE	Sec	creteury/Treasurer	Change	☐ Addition
NAME	NILSEN, RICHARD 221		2.2 NA	ME	er	varies Anderson		
STREET ADDRESS			2.3 STF			065 Midway Rd, Ste 100		
CITY-ST-ZIP	HALLANDALE FL		2. 4 CI1	2.4 CITY-ST-ZIP		HISON TX 75244		
TITLE	D .	DELETE	3.1 TITI	ĽΕ			☐ Change	Addition
NAME	NILSEN, RICHARD		3.2 NA	ME				
STREET ADDRESS	3050 W HALLANDALE B BLVD		3.3 ST	REET A	DORESS			)
CITY-ST-ZIP	HALLANDALE FL		3.4. CIT	TY-ST-	ZIP			
TITLE		. DELETE	4.1 TITI	LE			☐ Change	☐ Addition
NAME			4. 2 NA	ME				ł
STREET ADDRESS			4.3 STF	REETA	DORESS			ì
CITY-ST-ZIP			4.4 CFT	Y-ST-	ZIP			
TITLE		☐ DELETE	5.1 TIT				Change	☐ Addition
NAME			5.2 NAJ					ţ
STREET ADDRESS					DORESS			
CITY-ST-ZIP			5.4 CIT		ZIP			
TITLE		☐ DELETE	6.1 TITI				☐ Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS					DDRESS !			
CITY OT 7ID			6.4 CIT	Y-ST-	ŽIP .			

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 reports 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 truetee 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: \_

UR Charles Anderson 4/27/99
TED NAME OFFICER OF DIRECTOR SIGNA