

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:47

DOCUMENT # S37175 (4)

1. Corporation Name

BEDDING GIANT, INC.

Principal Place of Business

3050 WEST HALLANDALE BLVD
HALLANDALE FL 33009

Mailing Address

3050 WEST HALLANDALE BLVD
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/12/1991

3a. Date of Last Report

01/26/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0257230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

NILSEN, RICHARD B.
3050 W. HALLANDALE BEACH BLVD.
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	PD
NAME	KATZ, SAM
STREET ADDRESS	3050 W HALLANDALE BLVD
CITY- ST- ZIP	HALLANDALE FL
TITLE	STV
NAME	NILSEN, RICHARD
STREET ADDRESS	3050 W HALLANDALE BLVD
CITY- ST- ZIP	HALLANDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
12 NAME	
1.3 STREET ADDRESS	
14 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
22 NAME	
2.3 STREET ADDRESS	
24 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
32 NAME	
3.3 STREET ADDRESS	
34 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
42 NAME	
4.3 STREET ADDRESS	
44 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
5.3 STREET ADDRESS	
54 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
6.3 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. B. Nilsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-95 (305) 961-4054
DATE DAYTIME PHONE