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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

S37920

(3)

SLEEP GIANT, INC.

Mailing Address

3050 W HALLANDALE BCH BLVD HALLANDALE FL 33009-5125

Principal Place of Business

3050 W HALLANDALE BCH BLVD HALLANDALE FL 33009-5125

## FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

							3.	Date Incorporated or Qualified			
			·				ļ	_03/14/1991		_ , , ,	
2. Principal P	face of Business	2a. Mailing Address					4.	FEI Number		Ap	plied For
21		26						<u>65-0251671</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5.	Certificate of Status Desired		\$8.75	
22	· <u></u>	27					L			Fee Re	quired
City & Stat	e		City & State				1	Election Campaign Financing	_	\$5.00	
23		28					1	Trust Fund Contribution	Ш	Added t	o Fees
Zip	Country	Zip		— Coun	ntry			This corporation owes or has paid			
24 25 29 30 30 30 Name and Address of Current Registered Agent								Personal Property Tax due June			No
	10. Name and Address of New Registered Agent										
NILSEN, RICHARD B.					81 Name						
3050 W. HALLANDALE BEACH BLVD.					82 Street Address (P.Q. Box Number is Not Acceptable)						
HA	ILLANDALE FL 33009										
					84 City 85 Zip Code						
						City			FL	85 Zip 0	ode
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 a	and title if applicat	ole. (NOTE	. Registered	Agen	nt signature required	when	reinstating)	DATE		<del></del>
12.	OFFICERS AND I	DIRECTORS		13.	_	····	Α	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 12
TITLE	PD		DELETE	1.1 TITE	LE					Change	Addition
NAME	KATZ, SAM			1.2 NAM	ME						
STREET ADDRESS 3050 W HALLANDALE BCH BD 1.3 ST					REET A	ADDRESS					
CITY-ST-ZIP	HALLANDALE FL			1.4 CIT		- 1					i
TITLE	VST	-	DELETE	2.1 TITL	_					Change	Addition
NAME	NILSEN, RICHARD		_	2.2 NAM							_
STREET ADDRESS	3050 W HALLANDALE BCH BD			8 '		ADDRESS					- 1
	HALLANDALE FL			2, 4 CiT		- 1					
CITY-ST-ZIP TITLE	D		DELETE	31 1171		1-216		·		Change	Addition
NAME	NILSEN, RICHARD			3 2 NAM							
	3050 W HALLANDALE BCH BD					1000000					- 1
STREET ADDRESS	HALLANDALE FL					ADDRESS					
CITY-ST-ZIP	HALLANDALE FL		DELETE	3.4. CIT		I-ZIP				Change	Addition
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NAME				4. 2 NAI							}
STREET ADDRESS						NDDRESS					
CITY-ST-ZIP				4.4 CITY		- ZtP					1 1 4 1 199
TITLE			DELETE	5 1 TITL		1				Change	Addition
NAME !				52 NAN							
STREET ADDRESS				53STR	REET A	ADDRESS (					ſ
CITY-ST-ZIP			<del></del>	5.4 CITY	Y-ST	-ZIP					
TITLE			DELETÉ	6 1 TITL	LE					Change	Addition
NAME				6 2 NAM	ME	ļ					
STREET ADDRESS				63STR	REET A	ADDRESS					ļ
CITY - ST - ZIP				6.4 CITY	Y-ST	-ZIP					
14. I hereby o	certify that the information supplied with	this filing do	es not qualify for	r the exer	mpti	ion stated in S	ection	n 119.07(3)(i), Florida Statutes. I f	urther ce	rtify that the	information
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:											
SIGNAT	URE:	15-1			66	- IKNO		1-1-98 (739	176	1141	00 7