

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S80752

1. Corporation Name  
BOCA MATTRESS CORP.

Principal Place of Business  
3050 W. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009-5125

Mailing Address  
3050 W. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009-5125

FILED

99 AUG 23 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1991

4. FEI Number  
65-0291626

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ YES  
☐ NO

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1600 NE 12th Terrace

26 1600 NE 12th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P

27

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale FL

Zip

Zip

24 33305

29 33305

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

NILSEN, RICHARD  
3050 W. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

NRAI Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 Delane Lundgren, Delane Lundgren, Asst. Sec. 8-20-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME KATZ, SAM  
STREET ADDRESS 3050 W HALLANDALE BCH  
CITY-ST-ZIP HALLANDALE FL

TITLE DVS ☒ DELETE

NAME NILSEN, RICHARD  
STREET ADDRESS 3050 W HALLANDALE BCH  
CITY-ST-ZIP HALLANDALE FL

TITLE T ☒ DELETE

NAME NILSEN, RICHARD  
STREET ADDRESS 3050 W HALLANDALE BCH  
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME Phil Lang  
1.3 STREET ADDRESS 14605 Midway Road Suite 100  
1.4 CITY-ST-ZIP Addison, TX 75001

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 800002970448--5  
2.3 STREET ADDRESS -08/26/99--01003--016  
2.4 CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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)(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: Phil Lang - PHIL LANG 8/17/99 972-392-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021600

CR2E034 (5/99)