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

APPROVED AND FILED

95 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V19740** **(2)**

1. Corporate Name
AMERICAN MATTRESS, INC.

Principal Place of Business
2660 SOUTH HWY. 17-92
CASSELBERRY FL 32707

Mailing Address
2660 SOUTH HWY. 17-92
CASSELBERRY FL 32707

3. Date Incorporated / Qualified: 03/06/1992
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21 2730 Eunice Ave.
22 Suite, Apt. # or Bldg.
23 City: ORLANDO. FL
24 Zip Code: 32808
25 County: ORANGE.

2a. Mailing Address
26 2730 Eunice Ave.
27 Suite, Apt. # or Bldg.
28 City & State: ORLANDO. FL
29 Zip Code: 32808
30 County: ORANGE

4. FEI Number: 59-3110624 — 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. The corporation shall be prepared to provide [illegible]

9. Name and Address of Current Registered Agent
ERICKSON, MARK B.
~~404 CURREY RUN~~
~~CASSELBERRY FL 32707~~

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 682 Treeline Place
84 City: LAKE FOREST FL 85 Zip Code: 32771

11. Pursuant to Section [illegible] Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and affirms that this was duly authorized by the board of directors. Thereby accepted the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE

12. OFFICER AND DIRECTOR

Title	D
Name	SUPINO, WENDY
Address	682 TREELINE PL
City, State	LAKE FOREST FL
Title	D
Name	ERICKSON, MARK B.
Address	682 TREELINE PL
City, State	LAKE FOREST FL

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA

	Change	Addition
Delete	X	
P	X	

14. I hereby certify that the information supplied with this filing, and to the best of my knowledge, believe it to be accurate and complete. I further agree to comply with the provisions of all statutes applicable to this corporation and that my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes. I am aware that pursuant to s.607.0123(3), Florida Statutes, the Department of State may remove from its records any document which does not contain the required information. I am aware that pursuant to s.607.0123(4), Florida Statutes, the Department of State may impose a fine of $500.00 for each calendar year for which a document is not filed within the prescribed time period. I am aware that pursuant to s.607.0123(5), Florida Statutes, the Department of State may administratively dissolve a corporation which does not file its annual report within the prescribed time period. I am aware that pursuant to s.607.0123(6), Florida Statutes, the Department of State may reinstate a corporation upon payment of all unpaid fees and penalties.

SIGNATURE: Mark B Erickson 4-28-95 (407)521-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0037808 CP