

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V45153** (6)

1. Corporation Name
INTERNATIONAL BEDDING CORPORATION

Principal Place of Business
**730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309**

Mailing Address
**730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0346658	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BERK, ARTHUR J. 848 BRICKELL AVENUE SUITE 200 MIAMI FL 33131				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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VP
NAME	ELLMAN, J LEON	1.2 NAME	Neil Ellman
STREET ADDRESS	730 W. MCNAB ROAD	1.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	P	2.1 TITLE	VP
NAME	DUANY, ANTHONY	2.2 NAME	Lance Ellman
STREET ADDRESS	730 W. MCNAB ROAD	2.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	VS	3.1 TITLE	Assistant Secretary
NAME	BERK, ARTHUR J	3.2 NAME	Robin Gallo
STREET ADDRESS	730 W. MCNAB ROAD	3.3 STREET ADDRESS	730 W. McNab Road
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	VT	4.1 TITLE	
NAME	BRADY, GERALD J	4.2 NAME	
STREET ADDRESS	730 W. MCNAB ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address.

SIGNATURE:

[Signature]

G. J. BRADY

3/20/98

(954) 977-3094

CR2E034 (10/97)