

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

FILED

Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90027 003 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V45153

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

3. Date Incorporated or Qualified  
06/17/1992

4. FEI Number  
65-0346658

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

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

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 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 VD  
NAME ELLMAN, J LEON  
STREET ADDRESS 730 W. MCNAB ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME ELLMAN, NEIL  
STREET ADDRESS 730 W MCNAB ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS  
NAME BERK, ARTHUR J  
STREET ADDRESS 730 W. MCNAB ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT  
NAME BRADY, GERALD J  
STREET ADDRESS 730 W. MCNAB ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME ELLMAN, LANCE  
STREET ADDRESS 730 W MCNAB ROAD  
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS  
NAME GALLO, ROBIN  
STREET ADDRESS 730 W MCNAB ROAD  
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ger. J. Brady VP/TR 1/19/99 (954) 977-3094

CR2E034 (1/1/98)