

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V68477** (1)

1. Corporation Name

BEDS AMERICA, INC.



Principal Place of Business

**1740 NW FEDERAL HWY
STUART FL 34994
US**

Mailing Address

**1740 NW FEDERAL HWY
P.O. BOX 1002
JENSEN BEACH FL 34958-1002
US**

3. Date Incorporated or Qualified
10/01/1992

3a. Date of Last Report
03/28/1995

4. FEI Number

65-0361555

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**CORBIN, HARRY
1740 NW FEDERAL HWY
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name

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

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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

Harry Corbin

HARRY CORBIN

1/26/96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
**DP
CORBIN, HARRY
2337 BURTON ST
PT ST LUCIE FL**

2. TITLE ☐ DELETE

NAME
**DV
CORBIN, WILLIS
2337 BURTON ST
PT ST LUCIE FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

William R. Park
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96
DATE

407-642-1024
DAYTIME PHONE #

CR2E034 (12/95)