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

**PROFIT** CORPORATION ... ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L67672**

1. Corporation Name

Principal Place of Business

7422 GALL BLVD ZEPHYHILLIS FL 33540

MELDISCO K-M 7422 GALL BLVD., FL., INC.

Mailing Address 933 MACARTHUR BLVD.

MAHWAH NJ 07430-2045

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90069 039 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

						3. Date incorporated or Qualifed 04/24/1990				
Principal Place of Business     2a. Mailing Address						4. FEI Number	3.1	Applied For		
	ace of Eustress	26				22-3044286		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.7	5 Additional		
22		27				5. Certifcate of Status Desired	• -	Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	Add	ed to Fees		
Zip	Country	Zip	Country	y		8. This corporation owes the current year In				
24 25 29 30					Personal Property Tax.					
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent										
LINUT	ED STATES CORPORATION COM	ADANIV	81	81 Name						
		IPANT /	82	82 Street Address (P.O. Box Number is Not Acceptable)						
	HAYES ST									
1	E 105		83	3						
TALL	AHASSEE FL 32301		84	+-	Nik.		85 2	ip Code		
			64	ין י	City	FL	. [65] 2	ip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	/e-na	amed corpor	ration submits this statement for the purpose of	changing	its registered		
office or re	egistered agent, or both, in the State o	if Florida. Such change was auth	norized by	/ the	corporation	's board of directors. I hereby accept the appo	ntment as	registered		
agent. I ar	m familiar with, and accept the obligat	ons of, Section 607.0505, Flond.	a Statutes	ъ.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE: Re	egistered Ape	nt sia	nature required v	when reinstating) DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AT	ID DIREC	TORS IN 12		
TITLE	AT	☐ DELETE	1.1 TITLE				Chan	ge 🔲 Addition		
NAME	WOJNO, THOMAS		1.2 NAME							
STREET ADDRESS	933 MACARTHUR BLVD		1.3 STREE	T ANI	DRESS					
}	MAHWAH NJ		1.4 CITY-S							
CITY-ST-ZIP TITLE	PD	☐ DELETE	2.1 TITLE	3(-21		···	Chan	ge Addition		
	SHEPARD, JEFFREY		2.2 NAME				_	[		
NAME	933 MACARTHUR BLVD.		2.3 STREE	~	DDECC	•				
STREET ADDRESS					i					
CITY-ST-ZIP	MAHWAH NJ	□ DELETE	2.4 CITY-1	ŞT-Z	IP		Chan	ge		
TITLE	V DANIONI C	LI DELETE	1		1		Gilaii	go		
NAME	PROFFITT, RANDALL S		3.2 NAME					•		
, STREET ADDRESS	933 MACARTHUR BLVD.	,	3.3 STREE							
CITY-ST-ZIP '	MAHWAH NJ		3.4. CITY-	ST-Z			1 1 man	ge Addition		
TITLE	AT	DELETE	4.1 TITLE		AS	SI. TREAS.	Chan	ge Mudition		
NAME	JOHNSON, M		4.2 NAME			A CARA IN A LIAM IN		.		
STREET ADDRESS	933 MACARTHUR BLVD		4.3 STREE	ET ADI	DRESS \	MacARTHUR BLVD., MAHWAH,	NJ 0/4	30		
CITY-ST-ZIP	MAHWAH NJ		4.4 CITY-5	ST-ZII	P 3	O Indormitation 22123				
TITLE	D	☐ DELETÉ	5.1 TITLE				Chan	ge 🗌 Addition		
NAME	Palizzi, anthony		5.2 NAME							
STREET ADDRESS	3100 W BIG BEAVER		5.3 STREE	T ADI	DRESS					
CITY-ST-ZIP	TROY MI		5.4 CITY-5	ST-ZII	Р					
TITLE	S	☐ DELETE	6.1 TITLE				Chan	ge 🗌 Addition		
NAME	RICHARDS, MAUREEN		6.2 NAME							
STREET ADDRESS	933 MAC ARTHUR BLVD		6.3 STREE	TAD	DRESS					
CITY-ST-ZIP	MAHWAH NJ		6.4 CITY-5	ST-ZII	Р					

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.

[201] 934-2000

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF