


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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 331781 (5) 1. Corporation Name MILES MELDISCO K-M HOLLYWOOD FLA INC 1363			
Principal Place of Business 651 S 60TH AVE HOLLYWOOD FL 33023 US		Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430-3045	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/26/1968		3a. Date of Last Report 05/01/1996	
4. FEI Number 13-2630629		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 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 VST <input type="checkbox"/> DELETE NAME <del>FALKOFF, MARTIN</del> STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME RANDALL S. PROFFITT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE NAME SHEPARD, JEFFREY STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE AT <input type="checkbox"/> DELETE NAME WOJNO, THOMAS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME <del>FALKOFF, MARTIN</del> STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME MAUREEN RICHARDS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PALIZZI, ANTHONY STREET ADDRESS 3100 W.BIG BEAVER CITY-ST-ZIP TROY MI		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE AT <input type="checkbox"/> DELETE NAME KAKAR, MANOHAR STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JAN 13 1997 (201) 934-2000 Data Daytime Phone #	

CR2E034 (9/96)