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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 346416

1. Corporation Name

Principal Place of Business

MILES MELDISCO K-M BLANDING BLVD., FLA.,INC.

#1418

FILED
Apr 23, 1999 8:00 am
Secretary of State
04 92 1000 00067 024 ***1 50 00



JACKSONVILLE		MAHWAH NJ 07430							
US					DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 05/16/1969	,			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For		
21		26			13-2643773	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contiferate of Status Desired	Desired See Required			
22									
23	•	28				- 11			
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property Tax.				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			8	81 Name					
UNITED STATES CORPORATION COMPANY			_	00 Charles Address (D.O. Dan New York in Not Accordable)					
1201 HAYES STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
STE. 105			8	3	MARKET AND				
TALLAHASSEE FL 32301			L			т			
			8	4 City	FL 85	Zip C	ode		
44 Durayant	to the provinces of Sections 607.050	2 and 607 1508 Florida Statute	e the aho	ve-named	t corneration submits this statement for the purpose of chang	ina its r	egistered		
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 OFFICERS AND DIRECTORS 13.			Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.						Change	Addition		
TITLE	V DANIEL DANIEL O	. DELETE	1.1 TITLE						
NAME	PROFFITT, RANDALL S		1.2 NAM						
STREET ADDRESS			1.3 STRE	EET ADDRESS	5				
CITY-ST-ZIP			1.4 CITY						
TITLE			2.1 TITLE	•		Change	☐ Addition		
NAME	PALIZZI, ANTHONY 22N		2.2 NAM	E					
STREET ADDRESS			2.3 STRE	STREET ADDRESS					
CITY-ST-ZIP	TROY MI ' 2.4		2. 4 CITY	-ST-ZIP					
TITLE	S DELETE 3.1			<u> </u>		Change	☐ Addition		
NAME	RICHARDS, MAUREEN		3.2 NAM	E					
STREET ADDRESS	933 MACARTHUR BLVD.		3.3 STRI	EET ADDRESS			ļ		
CITY-ST-ZIP	1		1	-ST-ZIP	·				
TITLE	P	☐ DELETE	4.1 TITL			Change	☐ Addition		
NAME	SHEPARD, JEFFREY	<u> </u>	4, 2 NAM						
	933 MACARTHUR BLVD.			EET ADORESS					
STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY 5.1 TITL			Change	Addition		
TITLE	AT WO INO. THOMAS	□ Detei€	5.1 IIILI 5.2 NAM			5*			
NAME	WOJNO, THOMAS			EET ADDRESS					
STREET ADDRESS	330 MACATHOR BLVD.				'	_	/		
CITY+\$T-ZIP		MAHWAH NJ 54 CI			ACON TOTAL	hanca	Agrition		
TITLE	AT	ELETE	6.1 TITL1		MODEL TO THE PARTY OF THE PARTY	hange	- Validon		
NAME	JOHNSON, MARK		6.2 NAM		THOMAS BAUMLIN				
STREET ADDRESS	933 MACARTHUR BLVD.	1 DL10.		EET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07	430	_ }		
CITY_ST_7IP	MAHWAH NJ		6.4 CITY	-ST-ZIP	200 MacMitton Print manimus in or		•		

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 SIGNATURE AND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

CR2E034 (11/98)