
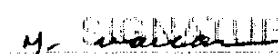


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # 346421 (1) 1. Corporation Name MILES MELDISCO K-M MILITARY TRAIL, FLA., INC. 1447			
Principal Place of Business 4580 FOREST HILL BLVD W PALM BCH FL 33406 US		Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430-2045	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
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	
85 Zip Code		FL	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D NAME FALKOFF, MARTIN STREET ADDRESS 933 MACARTHUR BLVD. CITY- ST- ZIP MAHWAH NJ		1.1 TITLE V NAME RANDALL S. PROFFITT	
1.2 TITLE P NAME SHEPARD, JEFFREY STREET ADDRESS 933 MACARTHUR BLVD. CITY- ST- ZIP MAHWAH NJ		1.2 TITLE 2.1 NAME 2.2 STREET ADDRESS 2.3 CITY- ST- ZIP	
1.3 TITLE VST NAME FALKOFF, MARTIN STREET ADDRESS 933 MACARTHUR BLVD. CITY- ST- ZIP MAHWAH NJ		1.3 TITLE S NAME MAUREEN RICHARDS	
1.4 TITLE D NAME PALIZZI, ANTHONY STREET ADDRESS 3100 W.BIG BEAVER CITY- ST- ZIP TROY MI		1.4 TITLE 4.1 NAME 4.2 STREET ADDRESS 4.3 CITY- ST- ZIP	
1.5 TITLE AT NAME WOJNO, THOMAS STREET ADDRESS 933 MACARTHUR BLVD. CITY- ST- ZIP MAHWAH NJ		1.5 TITLE 5.1 NAME 5.2 STREET ADDRESS 5.3 CITY- ST- ZIP	
1.6 TITLE AT NAME KAKAR, MANOHAR STREET ADDRESS 933 MACARTHUR BLVD. CITY- ST- ZIP MAHWAH NJ		1.6 TITLE 6.1 NAME 6.2 STREET ADDRESS 6.3 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: 		JAN 13 1997 (201) 934-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)