Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 346421

1. Corporation Name

MILES MELDISCO K-M MILITARY TRAIL, FLA., INC.

11441

Principal Place	of Business	Mailing Address				-	
4560 FOREST H	IILL BLVD	933 MACARTHUR BLVD.					
W PALM BCH FL 33406		MAHWAH NJ 07430		DO NOT WRITE IN THIS SPACE			
us				3. Date Incorporated or Qualified			
					05/16/1969		
2 Principal Pl	aco of Punings	2a. Mailing Address			4. FEI Number		Applied For
2. Principal Place of Business		26		13-2639944	<u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_ \$8.75 Additional			
22		27		5. Certificate of Status Desired Fee Required			
City & State		City & State		6. Election Campaign Financing 55.00 May Be			
23		28		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intal	ngible	
24	25	29 30]		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
		4DALIN/	81	Name			
UNITED STATES CORPORATION COMPANY			82	Street	Address (P.O. Box Number is Not Acceptable)		
1201		[0000				
SUITE 105			83				
TALL	AHASSEE FL 32301	- عر	84	City		85 Zip	Code
		- + 6	04	City	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 c	hanging if	ts registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such change was authorions of, Section 607.0505, Florida	orized by Statutes	tne corpo	oration's board of directors. I hereby accept the appoint	THEIIT 42 I	egistered
_	id.iiiid, iiid, diid dooopt diid ==iigaa						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Ager	t signature n	equired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	V	☐ DELETE	1.1 TTILE			☐ Change	e ☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	DELETE 2.1 π		2.1 TITLE			☐ Change	e 🔲 Addition
NAME	SHEPARD, JEFFREY 22N		2.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD. 23S		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MAHWAH NJ 2.46		2. 4 CITY-S	T-ZIP			
TITLE	S □ DELETE 3.1 TI		3.1 TITLE			☐ Change	e Addition
NAME	RICHARDS, MAUREEN 32N		3.2 NAME				
STREET ADDRESS	33 MACARTHUR BLVD.		3.3 STREE	ADDRESS			•
CITY-ST-ZIP	MAHWAH NJ		3.4. CITY-S				
TITLE	D	☐ DELETE	4.1 TITLE			Change	e 🔲 Addition
NAME	PALIZZI, ANTHONY		4. 2 NAME				
STREET ADDRESS	3100 W.BIG BEAVER		4.3 STREE	TADDRESS			
CITY-ST-ZIP	TROY MI		4.4 CITY-S				
TITLE	AT TA	☐ DELETE	5.1 TITLE			☐ Change	a Addition
NAME	WOJNO, THOMAS	_	5.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.			TADORESS			
	MAHWAH NJ	,	5.4 CITY-S			_	_
CITY-ST-ZIP TITLE	AT	DELETE	6.1 TITLE		ASSI. TREAS.	Change	e Addition
NAME	JOHNSON, MARK		6.2 NAME		THOMAS BAUMLIN		
INVINE	OUTHOUR, WATER				LER MAS SAUMENV		

CITY-ST-ZIP 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 empowere BAUMLIN APR 1 1999 (207) 934.2000

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS 933 MACARTHUR BLVD.

MAHWAH NJ

SIGNATURES NAME OF SIGNING OFFICER OR DIRECTOR

933 MacARTHUR BLVD., MAHWAH, NJ 07430

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90067 032 ***150.00