

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

FILED

May 15 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **347638** (9)

1. Corporation Name

**MILES MELDISCO K-M ROSERY RD FLA INC**

1470

Principal Place of Business

Mailing Address

**1000 MISSOURI AV  
LARGO FL 33540  
US**

**933 MACARTHUR BLVD.  
MAHWAH NJ 07430-2043**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/09/1969**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**13-2639927**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

TITLE **VST** ☐ DELETE  
NAME **MARTIN, FALKOFF**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

TITLE **P** ☐ DELETE  
NAME **SHEPARD, JEFFREY**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

TITLE **D** ☐ DELETE  
NAME **PALIZZI, ANTHONY**  
STREET ADDRESS **3100 W. BIG BEAVER**  
CITY-ST-ZIP **TROY MI**

TITLE **AT** ☐ DELETE  
NAME **WOJNO, THOMAS**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

TITLE **AT** ☐ DELETE  
NAME **KAKAR, MANOHAR**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **RANDALL S. PROFFITT**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **S MAUREEN RICHARDS**  
6.3 STREET ADDRESS **933 MACARTHUR BLVD.**  
6.4 CITY-ST-ZIP **MAHWAH, N.J. 07430**

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

**JAN 13 1997**

**(201) 934-2000**

Date

Daytime Phone #

CR2E034 (9/96)