

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 372640 (3)

1. Corporation Name

MILES MELDISCO K-M BRADENTOWN, FLA., INC.

#1629

Principal Place of Business

4124 14TH ST W  
BRADENTON FL 33505  
US

Mailing Address

933 MACARTHUR BLVD.  
MAHWAH NJ 07430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2667905	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PROFFITT, RANDALL S			1.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEPARD, JEFFREY			2.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			2.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOJNO, THOMAS			3.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALIZZI, ANTHONY			4.2 NAME			
STREET ADDRESS	3100 W.BIG BEAVER			4.3 STREET ADDRESS			
CITY-ST-ZIP	TROY MI			4.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAKAR, MANOHAR			5.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, MAUREEN			6.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			6.4 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.

SIGNATURE  MARK JOHNSON ASST. TREAS. (201) 934-2000

CR2E034 (10/97)