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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 390930

1. Corporation Name

MILES MELDISCO K-M 9TH ST., FLA., INC.

1696

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Principal Place	of Business	Ma	iling Address						THE MILE WHEN THE		1811 B18	
9500 9TH ST N 933 MACARTHUR BLVD.												
ST PETERSBURG FL 33702 MAHWAH NJ 07430								DO NOT WRITE IN THIS SPACE				
US								3. Date Incorporated or Qualifed				
								11/05/1971				
2 Demoinal Di	oce of Business	720	Mailing Address					4. FEI Number			App	ied For
-	ace of Business	26	Maining Address					22-1937493			<u> </u>	Applicable
Suite, Apt.	# etc	_ 201	Suite, Apt. #, etc.					T		\$8.7		Iditional
22	, o.c.	27	, , , -					5. Certifcate of Status Desired			e Req	
City & State		-	City & State			-		6. Election Campaign Financing		\$5.	00 N	lav Be
23		28	•					Trust Fund Contribution		Ado	led to	Fees
Zip	Country	1	Zip	Co	ountry	у		8. This corporation owes the curr	rent year Inta	ngible		
24	25	29		30				Personal Property Tax.		Yes		□No
	9. Name and Address of Current	Regis	tered Agent		\Box			10. Name and Address of New I	Registered A	gent		
					81	Na	me					
	ED STATES CORPORATION COM	MPANY	,		82	St	reet Addre	ess (P.O. Box Number is Not Accept	able)			
	HAYS STREET				["			(
	E 105				83	3	=,.					Į
TALL	AHASSEE FL 32301				84	l Ci	h _v	 		85	Zip Co	ode
					-		-	<u></u>	_ <u>FL</u>	li		
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the	abov	e-nai	med corpo	pration submits this statement for the	purpose of o	hangin	g its r	egistered stered
office or re agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florid ions of,	a. Such change was a Section 607.0505, Flo	utnoriza rida Sta	eo by atutes	/ INE (5.	corporation	n's board of directors. I hereby acce	britte appoin	THE SHE	s regi	310160
SIGNATURE										_		
SIGNATURE	Signature, typed or printed name of registered agent	_				ent sign:	ature required	when reinstating)	DATE			NO. 151. 40
12.	OFFICERS ANI	D DIRE		13				ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Chai		Addition
TITLE	V		☐ DELÉTE		ΠŢĒ					Ц ОНА	ige	
NAME	PROFFITT, RANDALL S				NAME							
STREET ADDRESS	933 MACARTHUR BLVD.					T ADDI	RESS					
CITY-ST-ZIP	MAHWAH NJ		□ DELETE	_	CITY-5	ST-ZIP				Chai		Addition
TITLE	D		☐ DELETE		TITLE						·yc	
NAME	PALIZZI, ANTHONY			1	NAME		1					
STREET ADORESS	3100 W.BIG BEAVER					ET ADD	RESS					
CITY-ST-ZIP	TROY MI				CITY-	ST-ZIP				Cha		Addition
TITLE	Р .		☐ DELETE		TITLE					L) Cha	igo	☐ Addition
NAME	SHEPARD, JEFFREY				NAME							
STREET ADDRESS	933 MACARTHUR BLVD.			3.3	STREE	ET ADDI	RESS					
CITY-\$T-ZIP	MAHWAH NJ			_	CITY-	ST-ZIP		 		[] Cho		Addition
TITLE	AT		☐ DELETE		TITLE					Cha	ige	_] Addition
NAME	WOJNO, THOMAS			4.2	2 NAME	•	İ					
STREET ADDRESS	933 MACARTHUR BLVD.			4.3	STREE	ET ADDI	RESS					/
CITY-ST-ZIP	MAHWAH NJ			-	CITY-S	_				<u> </u>		Addition
TITLE	AT		DELETE		TITLE		A	SSI. TREAS.		Peha	nge	Audition
NAME	JOHNSON, MARK				NAME		1 1	HOMAS BAUMLIN				
STREET ADDRESS	933 MACARTHUR BLVD.					ET ADD	KESS 03	A Macarthir Rive War	4\A/A⊔ NII	በ7ለን	n	
CITY-ST-ZIP	MAHWAH NJ				CITY-S		133	3 MacARTHUR BLVD., MAI	MAH, NO			[] Addition
TITLE	\$		☐ DELETE	II.	TITLE			•		Cha	uge	Addition
NAME	RICHARDS, MAUREEN			6.2	NAME							

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90090 009 ***150.00

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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 eath; 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

STREET ADDRESS

CITY-ST-ZIP

933 MACARTHUR BLVD

MAHWAH NJ

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (11/98).