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

**FILED
Apr 23, 1999 8:00 am
Secretary of State**
04-23-1999 90090 008 ***150.00

DOCUMENT # 392935

1. Corporation Name

MILES MELDISCO K-M NEW PORT RICHEY, FLA., INC.   #1734

Principal Place of Business	Mailing Address
1005 US HWY. 19 SOUTH NEWPORT RICHEY FL 33552	933 MACARTHUR BLVD MAHWAH NJ 07430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/20/1971

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**22-1945353**	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 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 P NAME SHEPARD, JEFFREY A STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ 07430	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME PROFFITT, RANDALL S STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ 07430	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME RICHARDS, MAUREEN STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ 07430	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AT/D NAME BAHLMAN, GERALD STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-ZIP MAHWAH NJ 07430	☑DELETE	4.1 TITLE ASST. TREAS. 4.2 NAME THOMAS BAUMLIN 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 933 MacARTHUR BLVD., MAHWAH, NJ 07430	☑Change ☑Addition
TITLE AT NAME WOJNO, THOMAS STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-ZIP MAHWAH NJ 07430	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AT NAME JOHNSON, MARK STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ 07430	☑DELETE	6.1 TITLE ASST. TREAS. 6.2 NAME KATHLEEN GUINNESSEY 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 933 MacARTHUR BLVD., MAHWAH, NJ 07430	☑Change ☑Addition

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 empowered.

SIGNATURE: SIGNATURE REQUIRED THOMAS BAUMLIN ASST. TREAS. APR 01 1999   (201) 934-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)