

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

DOCUMENT # 394239 (8)  
1. Corporation Name  
MILES MELDISCO K-M OCALA, FLA., INC. #1739

Principal Place of Business  
3711 E. SILVER SPRINGS BLVD.  
OCALA FL 32670

Mailing Address  
933 MACARTHUR BLVD  
MAHWAH NJ 07430  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1972	
21		26		4. FEI Number 22-1947054	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	Zip	25	Country		
29	Zip	30	Country		

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 fee 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	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALIZZI, ANTHONY			2.2 NAME			
STREET ADDRESS	\$100 W.BIG BEAVER			2.3 STREET ADDRESS			
CITY-ST-ZIP	TROY MI			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEPARD, JEFFREY			3.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			3.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOJNO, THOMAS			4.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			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	<del>KAKAR, MANOHAR</del>			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 P. Johnson* REAS. 1998

(201) 934-2000

CR2E034 (10/97)