

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 006 ***150.00

DOCUMENT # 394239

1. Corporation Name

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

11739

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

3. Date Incorporated or Qualified

01/14/1972

4. FEI Number

22-1947054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME PROFFITT, RANDALL S
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 P ☐ DELETE

NAME SHEPARD, JEFFREY
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJ

TITLE AT ☐ DELETE

NAME WOJNO, THOMAS
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJ

TITLE AT ☒ DELETE

NAME JOHNSON, MARK
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJ

TITLE S ☐ DELETE

NAME RICHARDS, MAUREEN
STREET ADDRESS 933 MACARTHUR BLVD
CITY-ST-ZIP MAHWAH NJ

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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 ASST. TREAS.

APR 0 1 1999

(201) 934-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: THOMAS BAUMLIN

Date

Daytime Phone #

CR2E034 (11/98)