

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 90067 043 ***150.00

DOCUMENT # 430810

1. Corporation Name

MELDISCO K-M 4340 OKEECHOBEE BLVD., FL., INC. #4307

Principal Place of Business

8050 W OAKLAND PK BLVD
SUNRISE FL 33321
US

Mailing Address

933 MACARTHUR BLVD.
MAHWAH NJ 07430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1973

4. FEI Number

22-2005473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 4340 OKEECHOBEE BLVD.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

26 Country

31 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 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 | P | <input type="checkbox"/> DELETE |
| NAME | SHEPARD, JEFFREY | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | PROFFITT, RANDALL S. | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | WOJNO, THOMAS | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PALIZZI, ANTHONY | |
| STREET ADDRESS | 3100 W.BIG BEAVER | |
| CITY-ST-ZIP | TROY MI | |
| TITLE | AT | <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSON, MARK | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | RICHARDS, MAUREEN | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY-ST-ZIP | MAHWAH NJ | |

| | |
|--------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | ASST. TREAS. |
| 5.3 STREET ADDRESS | THOMAS BAUMLIN |
| 5.4 CITY-ST-ZIP | 933 MacARTHUR BLVD., MAHWAH, NJ 07430 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED FOR ASST. TREAS. THOMAS BAUMLIN

APR 01 1999

(201) 934-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)