


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

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

04-23-1999 90089 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 451112					
1. Corporation Name MELDISCO K-M S. ORANGE BLOSSOM TR., FLA., INC. #1945					
Principal Place of Business 7825 S ORANGE BLOSSOM TR ORLANDO FL 32809 US			Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2032243	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PALIZZI, ANTHONY				
STREET ADDRESS	3100 W. BIG BEAVER				
CITY-ST-ZIP	TROY MI				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	PROFFITT, RANDALL S.				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SHEPARD, JEFFREY				
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	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				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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					

SIGNATURE:

SIGNATURE REQUIRED
THOMAS BAUMLIN

APR 01 1999 (201) 934-2000

Date

Daytime Phone #

CR2E034 (1/98)