


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

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

04-23-1999 90089 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 460900**

1. Corporation Name  
**MELDISCO K-M TARPON SPRINGS, FLA., INC.** #2009



Principal Place of Business 203 US 19 N TARPON SPRINGS FL 33589 US	Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/09/1974</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>22-2044737</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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				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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, JEFFREY		1.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFFITT, RANDALL S.		2.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALIZZI, ANTHONY		3.2 NAME		
STREET ADDRESS	3100 W.BIG BEAVER		3.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		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	ASST. TREAS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MARK		5.2 NAME	THOMAS BAUMLIN	
STREET ADDRESS	933 MACARTHUR BLVD.		5.3 STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ASST. TREAS. THOMAS BAUMLIN APR 01 1999 (201) 934-2000

CR2E034 (11/98)