

14767
**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

\$150

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90392 017 ***150.00

0000189 AV

DOCUMENT # 497556
 1. Entity Name
MELDISCO K-M PORT ROYAL, FLA., INC.



Principal Place of Business
20515 S DIXIE HWY
MIAMI FL 33189
US

Mailing Address
933 MACARTHUR BLVD
MAHWAH NJ 07430
US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **22-2106924** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	GUINNESSEY, KATHLEEN	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ 07430	
TITLE	V	<input type="checkbox"/> Delete
NAME	PROFFITT, RANDALL S	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEPARD, JEFFREY	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BAUMLIN, THOMAS	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ 07430	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARDS, MAUREEN	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Schilling 4/21/03 (845) 727-6577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)