## 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 90068 021 \*\*\*150.00

## DOCUMENT # 500452 1. Corporation Name

MELDISCO K-M STUART, FLA, INC.

TALLAHASSEE FL 32301

\$ 3976

Principal Place of Business Mailing Address			(				
3020 SE FEDERAL HWY 933 MACARTHUR BLVD. STUART FL 34997 MAHWAH NJ 07430 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
2. Principal Place of Business	2a. Mailing Address		04/05/1976 4. FEI Number	Applied For			
21	26		22-2102955	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip C	Country	8. This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
UNITED STATES CORPORATION COMPANY 1201 HAYES ST			et Address (P.O. Box Number is Not Acceptable)				
SHIP 10%		00					

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.

City

agent. I ai	n ramiliar with, and accept the obligations of, Se	ection 607.0303, Fioric	la Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if app	olicable (NOTE: 5	egistered Agent signature re	equired when reinstating)	DATE	<del></del>	<del></del>
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			S IN 12
TITLE	V	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PROFFITT, RANDALL S		1.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MAHWAH NJ		1.4 CITY-ST-ZIP	•			
TITLE	D	☐ DELETE	2.1 TITLE		<del></del>	☐ Change	☐ Addition
NAME	PALIZZI, ANTHONY		2.2 NAME				
STREET ADDRESS	3100 W.BIG BEAVER		2.3 STREET ADDRESS				
CITY-ST-ZIP	TROY MI		2. 4 CITY-ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	RICHARDS, MAUREEN		3.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD		3.3 STREET ADDRESS				
CITY-ST-ZIP	MAHWAH NJ		3.4. CITY-ST-ZIP				
TITLE	PD	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	SHEPARD, JEFFREY		4, 2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.	•	4.3 STREET ADDRESS				
CITY-ST-ZIP	MAHWAH NJ		4.4 CITY-ST-ZIP				
TITLE	AT	☐ DELETE	5.1 TITLE			Change	Addition
NAME	WOJNO, THOMAS		5.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	MAHWAH NJ		5.4 CITY-ST-ZIP				
TITLE	AT	DELETE	6.1 TITLE	AT		Change	Addition
NAME	JOHNSON, MARK		6.2 NAME	THOMAS BAUMLIN	l	· .	
STREET ADDRESS	933 MACARTHUR BLVD.		6.3 STREET ADDRESS	P -		ALL 07400	
CITY-ST-ZIP	MAHWAH NJ		6.4 CITY-ST-ZIP	933 MacARTHUR BLVD.	, MAHWAH,	NJ U/430	

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 AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Ph

CR2E034.(11/98

Zip Code