


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

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

04-23-1999 90089 042 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| <b>DOCUMENT # 500937</b><br>1. Corporation Name<br><b>MELDISCO K-M ORANGE PARK, FLA., INC. # 2271</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>380 BLANDING BLVD<br/>ORANGE PARK FL 32073<br/>US</b>   |  |   | Mailing Address<br><b>933 MACARTHUR BLVD.<br/>MAHWAH NJ 07430</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br><b>04/12/1976</b>   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 4. FEI Number<br><b>22-2104635</b>   |  |
| 22 City & State   |  | 27 City & State   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 23 Zip Country  |  | 28 Zip Country  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |  |
| 24  |  | 25  |   | 29   |  |
| 29  |  | 30  |   | 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<br><b>UNITED STATES CORPORATION COMPANY<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE FL 32301</b>   |  |   | 10. Name and Address of New Registered Agent                      |  |  |
| 81 Name   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)             |  |  |
| 83  |  |   | 84 City   |  |  |
| 85 Zip Code   |  |   | <b>FL</b>   |  |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |  |  |
| 1.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |  |  |
| 1.2 NAME <b>PROFFITT, RANDALL</b>   |  |   |   |  |  |
| 1.3 STREET ADDRESS <b>933 MACARTHUR BLVD.</b>   |  |   |   |  |  |
| 1.4 CITY-ST-ZIP <b>MAHWAH NJ</b>  |  |   |   |  |  |
| 2.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |  |  |
| 2.2 NAME <b>SHEPARD, JEFFREY</b>  |  |   |   |  |  |
| 2.3 STREET ADDRESS <b>933 MACARTHUR BLVD.</b>   |  |   |   |  |  |
| 2.4 CITY-ST-ZIP <b>MAHWAH NJ</b>  |  |   |   |  |  |
| 3.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |  |  |
| 3.2 NAME <b>WOJNO, THOMAS</b>   |  |   |   |  |  |
| 3.3 STREET ADDRESS <b>933 MACARTHUR BLVD.</b>   |  |   |   |  |  |
| 3.4 CITY-ST-ZIP <b>MAHWAH NJ</b>  |  |   |   |  |  |
| 4.1 TITLE <input checked="" type="checkbox"/> DELETE  |  |   |   |  |  |
| 4.2 NAME <b>JOHNSON, MARK</b>   |  |   |   |  |  |
| 4.3 STREET ADDRESS <b>933 MACARTHUR BLVD.</b>   |  |   |   |  |  |
| 4.4 CITY-ST-ZIP <b>MAHWAH NJ</b>  |  |   |   |  |  |
| 5.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |  |  |
| 5.2 NAME <b>PALIZZI, ANTHONY</b>  |  |   |   |  |  |
| 5.3 STREET ADDRESS <b>3100 W.BIG BEAVER</b>   |  |   |   |  |  |
| 5.4 CITY-ST-ZIP <b>TROY MI</b>  |  |   |   |  |  |
| 6.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |  |  |
| 6.2 NAME <b>RICHARDS, MAUREEN</b>   |  |   |   |  |  |
| 6.3 STREET ADDRESS <b>933 MACARTHUR BLVD.</b>   |  |   |   |  |  |
| 6.4 CITY-ST-ZIP <b>MAHWAH NJ</b>  |  |   |   |  |  |
| 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |   |   |  |  |
| 4.2 NAME <b>ASST. TREAS.</b>  |  |   |   |  |  |
| 4.3 STREET ADDRESS <b>THOMAS BAUMLIN</b>  |  |   |   |  |  |
| 4.4 CITY-ST-ZIP <b>933 MacARTHUR BLVD., MAHWAH, NJ 07430</b>  |  |   |   |  |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 5.2 NAME  |  |   |   |  |  |
| 5.3 STREET ADDRESS  |  |   |   |  |  |
| 5.4 CITY-ST-ZIP   |  |   |   |  |  |
| 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**  
**THOMAS BAUMLIN**  
**ASST. TREAS.**

**APR 01 1999**

**(201) 934-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)