

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 508209
1. Corporation Name
MELDISCO K-M PANAMA CITY, FLA., INC.

(4)

2282



Principal Place of Business

Mailing Address

1329 W. 15TH STREET
PANAMA CITY FL 32401

933 MACARTHUR BLVD
MAHWAH NJ 07430-2045
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1976	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 22-2118231	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES STREET STE. 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 607.1505, 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

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPARD, JEFFREY		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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHWAH, MANOHAR		5.2 NAME	AT MARK JOHNSON	
STREET ADDRESS	933 MACARTHUR BLVD.		5.3 STREET ADDRESS		
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 MAC ARTHUR 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.

SIGNATURE *Mark P. Johnson* APR 01 1998 (201) 934-2000

CR2E034 (10/97)