

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

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

04-23-1999 90089 040 \*\*\*150.00

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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 # 508209**

1. Corporation Name  
**MELDISCO K-M PANAMA CITY, FLA., INC.** #2282

Principal Place of Business 1329 W. 15TH STREET PANAMA CITY FL 32401	Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430-2045 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/02/1976	4. FEI Number 22-2118231 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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	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 checked="" type="checkbox"/> Addition
NAME	JOHNSON, MARK	5.2 NAME	ASST. TREAS.
STREET ADDRESS	933 MACARTHUR BLVD.	5.3 STREET ADDRESS	THOMAS BAUMLIN
CITY-ST-ZIP	MAHWAH NJ	5.4 CITY-ST-ZIP	933 MacARTHUR BLVD., MAHWAH, NJ 07430
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, with all other like empowered.

SIGNATURE: THOMAS BAUMLIN APR 23, 1999 (201) 934-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #