PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

L	1000							
DOCU 1. Corporation	MENT # 533808	}			04-23-1999 90089 039 *	**150	0.00	
MELDIS	CO K-M MARGATE, FLA., I	NC. \$2382						
					! IMPERI BILAR ILIBA ILIBA ISIN BAKA: FRI BIRI A	<b>812 8287</b> 1 (	elelt et.	
Principal Plac	o of Rusiness	Mailing Address			( INDIAN DINAN NAMA NAMA NAMA NAMA NAMA NAMA NAMA	ALL BLANK!		.EU EVEK (CEL
					}			
/ 560 N STATE RD 7 933 MACARTHUR BLVD.   Margate Fl 33063 Mahwah NJ 07430					}			
บร					DO NOT WRITE IN THIS	SPACE	<u>:</u>	
					3. Date Incorporated or Qualifed 05/17/1977		·	
<u>⊢</u> ~ ′	Place of Business	2a. Mailing Address			4. FEI Number	-	+	olied For
Suite, Apt.	# Ato	Suite, Apt. #, etc.			22-2153234	ĒΩ.		Applicable ditional
22	r, etc.	27			5. Certifcate of Status Desired	•	e Req	
City & Stal	te	City & State			6. Election Campaign Financing	\$5	.00	May Be
23		28			Trust Fund Contribution	•		Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Inte			_
24	25		30		Personal Property Tax.	☐Yes		□No
J	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered	gent		
UNI	FED STATES CORPORATION CO	OMPANY	Ţ					
1201 HAYS STREET				82 Street	Address (P.O. Box Number is Not Acceptable)			
SUITE 105			ļ.	83				
TALLAHASSEE FL 32301			}.	0.5		1051	Zip Co	
			}	84 City	FL	85	ZIP C	oue
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the ab	ove-named	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	hangin	g its r	registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statul	tes.	oradori s board or directors. I hereby accept the appoin	thierit c	is regi	1510100
SIGNATURE					required when reinstating) DATE			
12,	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	13.	gent signature i	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOF	RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E .		Cha		Addition
NAME	PALIZZI, ANTHONY		1.2 NAM	4E	}			
STREET ADDRESS	3100 W.BIG BEAVER		1.3 STR	EET ADDRESS	<u> </u>			
CITY-ST-ZIP	TROY MI	<del> </del>	1.4 CIT	Y-ST-ZIP				
TITLE	P	☐ DELETE	2.1 1111.	E	<u>}</u>	☐ Cha	nge	Addition
NAME	SHEPARD, JEFFREY		2.2 NAN		<b>\</b>			
STREET ADDRESS	933 MACARTHUR BLVD. MAHWAH NJ			EET ADDRESS				
CITY-ST-ZIP	MWLIANWLI IAT	DELETE	3.1 TITL	Y-ST-ZIP	<del> </del>	[] Cha	nge	Addition
NAME	PROFITT, RANDALL S.		3.2 NAM				<b>J</b> -	total - second
STREET ADDRESS	933 MACARTHUR BLVD.			EET ADDRESS				
CITY-ST-ZIP	MAHWAH NJ		1	Y-ST-ZIP				
TITLE	AT	☐ DELETE	4.1 TITL			Cha	nge	Addition
NAME	WOJNO, THOMAS		4. 2 NAME					
STREET ADDRESS	933 MACARTHUR BLVD.		4.3 STR	EET ADDRESS	}			
CITY-ST-ZIP	MAHWAH NJ	[7] 5.5.5+F		/-ST-ZIP	<del> </del>			LJ (1322)
TITLE	S NAMED MANDEN	☐ DELETE	5.1 TITL 5.2 NAM			☐ Cha	nge	☐ Addition
NAME STREET ADDRESS	RICHARDS, MAUREEN 933 MACARTHUR BLVD			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MAHWAH NJ		1	-ST-ZIP	}			1
TITLE	AT	DELETE	6.1 TITU		TREAS.	Ocha	nge	Addition
NAME	JOHNON, MARK	_	6.2 NAM	Œ	THOMAS BAUMLIN	•		•
STREET ADDRESS	933 MACARTHUR BLVD.		6.3 STR	EET ADDRESS				
CITY-ST-ZIP	MAHWAH NJ			-ST-ZIP	933 MacARTHUR BLVD., MAHWAH, N	J 074	130	
44 I boroby	natification at the information accordingly	ith this filing done not qualify for t	the over	ntion states	in Section 119 07(3Vi) Florida Statutes I further cert	fu that	the inf	formation

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 informatio 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 0 1 1990

Daytime Phone #

(201) 934-2000

CR2E034 (11/98)