


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

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

04-23-1999 90089 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 621105 1. Corporation Name MELDISCO K-M VERO BEACH, FLA., INC. <i>#2784</i>					
Principal Place of Business 1501 US #1 VERO BEACH FL 32960			Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430-2045 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2253159	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	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 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
				85	Zip Code
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					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SHEPARD, JEFFREY				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	PROFFITT, RANDALL S				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	WOJNO, THOMAS				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PALIZZI, ANTHONY				
STREET ADDRESS	3100 W BIG BEAVER				
CITY-ST-ZIP	TROY MI				
TITLE	AT	<input checked="" type="checkbox"/> DELETE			
NAME	JOHNSON, MARK				
STREET ADDRESS	933 MACARTHUR BLVD.				
CITY-ST-ZIP	MAHWAH NJ				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	RICHARDS, MAUREEN				
STREET ADDRESS	933 MACARTHUR BLVD				
CITY-ST-ZIP	MAHWAH NJ				
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME		THOMAS BAUMLIN			
5.3 STREET ADDRESS		933 MacARTHUR BLVD., MAHWAH, NJ 07430			
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:

THOMAS BAUMLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 01 1999

(201) 934-2000

Date

Daytime Phone #

CR2E034 (11/98)