


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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90089 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 626840 1. Corporation Name MELDISCO K-M TEMPLE TERRACE, FLA., INC. # 2761					
Principal Place of Business 5400 E BUSCH BLVD TAMPA FL 33617 US			Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430		
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 06/20/1979 4. FEI Number 22-2258796 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	
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 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 607.1508, 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPARD, JEFFREY		1.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROFFITT, RANDALL S		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 0		3.4 CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, MARK		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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOJNO, THOMAS		5.2 NAME		
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 MACARTHUR 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS WOJNO **ASST. TREAS.** **APR 01 1999**

Date

Daytime Phone #

CR2E034 (11/98)