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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90089 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 633803 1. Corporation Name MELDISCO K-M PALM BAY, FLA., INC. # 2826					
Principal Place of Business 4711 BABCOCK ST. N.E. PALM BAY FL 32905			Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430-2045 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 08/27/1979 4. FEI Number 22-2268248 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	
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 607.1508, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input type="checkbox"/> DELETE NAME SHEPARD, JEFFREY STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE V <input type="checkbox"/> DELETE NAME PROFFITT, RANDALL S STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE AT <input type="checkbox"/> DELETE NAME WOJNO, THOMAS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME PALIZZI, ANTHONY STREET ADDRESS 3100 W. BIG BEAVER CITY-ST-ZIP TROY MI			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE AT <input checked="" type="checkbox"/> DELETE NAME JOHNSON, MARK STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP MAHWAH NJ			5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME ASST. TREAS. 5.3 STREET ADDRESS THOMAS BAUMLIN 5.4 CITY-ST-ZIP 933 MacARTHUR BLVD., MAHWAH, NJ 07430		
TITLE S <input type="checkbox"/> DELETE NAME RICHARDS, MAUREEN STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-ZIP MAHWAH NJ			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:

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

Date

Daytime Phone #

CR2E034 (11/98)