

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90057 024 ***150.00

DOCUMENT # 636194
 1. Entity Name
MELDISCO K-M WINTER HAVEN, FLA., INC. (2911)

Principal Place of Business 2008 EIGHT ST NW HWY 17 WINTER HAVEN FL 33880 US	Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430-2045
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-2269961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.)
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<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 checked="" type="checkbox"/> Delete
NAME	WOJNO, THOMAS	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALIZZI, ANTHONY	
STREET ADDRESS	3100 W. BIG BEAVER	
CITY-ST-ZIP	TROY MI	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BAUMIN, THOMAS	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN GUINNESSEY	
STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN GUINNESSEY APR 18 2000 (201) 934-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #