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

**PROFIT** CORPORATION **ANNUAL'RÉPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 654033

1. Corporation Name MELDISCO K-M BRADENTON, FLA., INC. #2863

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

04-23-1999 90089 019 \*\*\*150.00



| Principal Place                        | e of Business  | Mailing Address                       |                      |      |   |  |  |  |
|--|--|---------------------------------------|----------------------|------|---|--|--|--|
| 7412 MANTEE AVE., W 933 MACARTHUR BLVD |  |                                       |                      |      |   | İ  |  |  |
| BRADENTON FL 33505                     |  | MAHWAH NJ 07430-2045                  |                      |      |   | DO NOT WRITE IN THIS SPACE   |  |  |
|  |  | US                                    |                      |      |   | 3. Date Incorporated or Qualifed 01/30/1980                                  |  |  |
| 2. Principal P                         | lace of Business   | 2a. Mailing Address                   |                      |      | ···   | 4. FEI Number Applied For  |  |  |
| <b>⊢</b> , ` ⊢                         |  | 26                                    | ٦                    |      |   | 22-2287156 Not Applicable  |  |  |
| Suite, Apt. #, etc.                    |  | Suite, Apt. #, etc.                   |                      |      |   | \$8.75 Additional  |  |  |
| 22                                     |  | <del></del>                           | 27                   |      |   | 5. Certificate of Status Desired Fee Required                                |  |  |
| City & State                           |  | City & State                          |                      |      | 6. Election Campaign Financing S5.00 May Be |  |  |  |
| 23                                     |  | 28                                    |                      |      | Trust Fund Contribution Added to Fees       |  |  |  |
| Zip                                    | Country  | Zip                                   | Count                | try  |   | 8. This corporation owes the current year Intangible                         |  |  |
| 24                                     | 25   | 29                                    | 30                   |      |   | Personal Property Tax.   |  |  |
|  | 9. Name and Address of Curre   |                                       | 1                    |      |   | 10. Name and Address of New Registered Agent                                 |  |  |
|  |  |                                       | 8                    | B1   | Name  |  |  |  |
| TINU                                   | UNITED STATES CORPORATION COMPANY  |                                       |                      |      |   | (D.O. Day Nive has in Not Assembly)  |  |  |
| 1201 HAYES STREET                      |  |                                       |                      | 82   | Street Add                                  | Idress (P.O. Box Number is Not Acceptable)                                   |  |  |
| STE. 105                               |  |                                       | 8                    | 33   |   |  |  |  |
|  | AHASSEE FL 32301   |                                       |                      |      |   |  |  |  |
|  |  |                                       | 8                    | 84   | City  | FL 85 Zip Code   |  |  |
|  |  | COT 4500 Florid Ctotuto               | a the obj            |      | nomed on                                    | prporation submits this statement for the purpose of changing its registered |  |  |
| office or r<br>agent. I a              | egistered agent, or both, in the State<br>im familiar with, and accept the obliga- | of Florida. Such change was au        | thorized i           | DV I | tne corpora                                 | ation's board of directors. I hereby accept the appointment as registered    |  |  |
| SIGNATURE                              | Signature, typed or printed name of registered age                                 | ent and title if applicable. (NOTE: F | Registered A         | gent | t signature requi                           | uired when reinstating) DATE   |  |  |
| 12.                                    |  | ND DIRECTORS                          | 13.                  | -    |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                            |  |  |
| TITLE                                  | Р  | ☐ DELETE                              | 1.1 TITLE            |      |   | ☐ Change ☐ Addition  |  |  |
| NAME                                   | SHEPARD, JEFFREY   |                                       | 1.2 NAM              | Œ    |   |  |  |  |
| STREET ADDRESS                         | 933 MACARTHUR BLVD.  |                                       | 1.3 STR              | EÉT  | ADDRESS                                     |  |  |  |
| CITY-ST-ZIP                            | MAHWAH NJ  |                                       | 1.4 CITY             |      | l   |  |  |  |
| TITLE                                  | V  | ☐ DELETE                              | 2.1 TITLE            |      | -   | ☐ Change ☐ Addition  |  |  |
| Į                                      | PROFFITT, RANDALL S  | <del>-</del> ,                        | 2.2 NAME             |      |   |  |  |  |
| NAME                                   | 933 MACARTHUR BLVD.  |                                       |                      |      | ADDRESS                                     |  |  |  |
| STREET ADDRESS                         | MAHWAH NJ  |                                       |                      |      | l   |  |  |  |
| CITY-ST-ZIP                            |  |                                       | 2. 4 CIT<br>3.1 TITL |      | 1-Z3P                                       | ☐ Change ☐ Addition  |  |  |
| TITLE                                  | AT WO INO. THOMAS  | C OCILIE                              | 4                    |      | 1   |  |  |  |
| NAME                                   | WOJNO, THOMAS  |                                       | 3.2 NAM              |      |   |  |  |  |
| STREET ADDRESS                         | 933 MACARTHUR BLVD.  |                                       | 4                    |      | ADDRESS                                     |  |  |  |
| CITY-ST-ZIP                            | MAHWAH NJ  | C Screen                              | 3.4. CIT             |      | T-ZIP                                       | ☐ Change ☐ Addition  |  |  |
| ΤΙΤΙΕ                                  | D  | ☐ DELETE                              | 4.1 TITL             |      | ļ   |  |  |  |
| NAME                                   | PALIZZI, ANTHONY   |                                       | 4. 2 NAM             |      | ĺ   |  |  |  |
| STREET ADDRESS                         | 1  | ,                                     | 4.3 STR              | EET  | ADDRESS                                     |  |  |  |
| CITY-ST-ZIP                            | TROY MI  |                                       | 4.4 CITY             |      |   |  |  |  |
| TITLE                                  | AT   | □ <b>J</b> ELETE                      | 5.1 TITL             |      |   | ASSI TREAS. Change Dadition  |  |  |
| NAME                                   | JOHNSON, MARK  |                                       | 5.2 NAM              |      |   | THOMAS BAUMLIN   |  |  |
| STREET ADDRESS                         | 933 MACARTHUR BLVD.  |                                       | 5.3 STR              | EET  | ADDRESS                                     | 1710 MAADTIUD DIVD AATTIUT DIE STATE   |  |  |
| CITY-ST-ZIP                            | MAHWAH NJ  |                                       | 5.4 CITY             | Y-ST | T-ZIP                                       | 933 MacARTHUR BLVD., MAHWAH, NJ 07430  |  |  |
| TITLE                                  | S  | ☐ DELETE                              | 6.1 TITL             | E    |   | . Change Addition  |  |  |
| NAME                                   | RICHARDS, MAUREEN  |                                       | 6.2 NAV              | Æ    |   | •  |  |  |
| STREET ADDRESS                         | *** *** * * * * * * * * * * * * * * * *  |                                       | 6.3 STR              | EET  | ADDRESS                                     |  |  |  |
| SINCE ADDRESS                          | MALINALIALI  |                                       | 64 CID               |      |   |  |  |  |

14. 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.