


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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 657904 (9) 1. Corporation Name MELDISCO K-M HIAWASSEE RD., FLA., INC. <i>#2939</i>					
Principal Place of Business: 2620 N HIAWASSEE RD ORLANDO FL 32808 US			Mailing Address: 933 MACARTHUR BLVD. MAHWAH NJ 07430		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/04/1980 4. FEI Number 22-2305033 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<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	AT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOJNO, THOMAS		3.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALIZZI, ANTHONY		4.2 NAME		
STREET ADDRESS	3100 W. BIG BEAVER		4.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		4.4 CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAKAR, MANOHAR		5.2 NAME	MARK JOHNSON	
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.

SIGNATURE: *X*

THOMAS WOJNO

ASST. TREAS.

APR 01 1998

CR2E034 (10/97)