PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

04-23-1999 90069 021 \*\*\*150.00

DOC	<b>UMENT</b>	#	679565

1. Corporation Name

MELDISCO K-M WINTER PARK, FLA., INC.

#3062

Mailing Addrage

Principal Place	e or business	Walling A	udiess					
501 N. ORLANDO AVENUE			rthur blvd					
WINTER PARK FL 32789			MAHWAH NJ 07430			DO NOT WRITE IN THIS SPACE		
US		US						
						3. Date Incorporated or Qualifed 07/24/1980		
2 Principal D	lace of Business	2a Mailin	g Address			4. FEI Number Applied For		
<del></del>	ace of Dusiness	26	g / taalooo			22-2312663 Not Applicable		
Suite, Apt.	# oto		Apt. #, etc.			\$8.75 Additional		
22	#, etc.	27	Αρι. π, οιο.			5. Certifcate of Status Desired Fee Required		
·City & State	e		State			6. Election Campaign Financing S5.00 May Be		
23	~	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible		
24	25	29	13	10		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Registered Agent		
				81	Name			
UNIT	TED STATES CORPORATION CO	OMPANY		82	Ctroot	Address (D.O. Boy Number is Not Acceptable)		
	HAYS STREET			62	Sireet	Address (P.O. Box Number is Not Acceptable)		
i	E 105			83				
TALL	AHASSEE FL 32301			84	City	85 Zip Code		
				100	City	FL   S   Zip Code		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8, Florida Statutes	, the above	-named	corporation submits this statement for the purpose of changing its registered		
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Suc ations of, Section	h change was aut in 607.0505, Florid	horized by da Statutes	the corp	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicat	la (NOTE: R	Registered Ager	t signature r	required when reinstating) DATE		
12.		ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		DELETE	1,1 TITLE		☐ Change ☐ Addition		
NAME	SHEPARD, JEFFREY A			1.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.		•	1.3 STREE	ADDRESS	j		
CITY-ST-ZIP	MAHWAH NJ 07430			1.4 CITY-S		,		
TITLE	V		☐ DELETE	2.1 TITLE	1-211	☐ Change ☐ Addition		
	PROFFITT, RANDALL S		<b>-</b>	2.2 NAME				
NAME	933 MACARTHUR BLVD.			2.3 STREE	r ADODESS			
STREET ADDRESS	, ·					}		
CITY-ST-ZIP	MAHWAH NJ 07430	<del></del>	DELETE	2.4 CITY-S	1-ZIP	☐ Change ☐ Addition		
TITLE	S DICHARDO MANDEEN		C) DETENC	3.1 TITLE				
NAME	RICHARDS, MAUREEN			3.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.			3.3 STREE	FADORESS			
CITY-ST-ZIP	MAHWAH NJ 07430			3.4. CITY-S	T-ZIP	ACC3 *DEAG VAddition		
TITLE	AT/D		ELETE	4.1 TITLE		ASSE TRANS		
NAME	BAHLMAN, GERALD			4. 2 NAME		THOMAS BAUMLIN		
STREET ADDRESS	933 MACARTHUR BLVD			4.3 STREE	TADORESS	933 MacARTHUR BLVD., MAHWAH, NJ 0743D		
CITY-ST-ZIP	MAHWAH NJ 07430			4.4 CITY-S	T-ZIP			
TITLE	AT		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME	WOJNO, THOMAS			5.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.			5.3 STREE	TADORESS			
CITY-ST-ZIP	MAHWAH NJ 07430			5.4 CITY-S	T-ZIP			
TITLE	AT	•	DELETE	6.1 TITLE		ASSI TREAS Of Change Addition		
NAME	JOHNSON, MARK			6.2 NAME		VATUE COLONIA COLO		
STREET ADDRESS	933 MACARTHUR BLVD			6.3 STREET	ADDRESS			
GILLEL MODICESS	MAHWAH NI 07420			64 CITY-S	T. 7IP	933 MacARTHUR BLVD., MAHWAH, NJ 07430		

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

REAS. APR () | 1999 (201) 932

Daytime Phone

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