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 022 ***150.00

MELDISCO K-M OKEECHOREE, FLA. INC.

MILLDISCO KWI OKLEONOBEL, PEKING. 3099											
Principal Plac	e of Business	Mailing Address					t 190(18 SHE) 1519, garet ciere zer			, , , , , , , , , , , , , , , , , , , ,	
2780 HWY 441 OKEECHOBEE		933 MACARTHUR BLVD. MAHWAH NJ 07430				i	DÓ NỘT WRIT	E IN THIS :	SPACE		
US							te Incorporated or Qualifed /29/1980				
2. Principal P	lace of Business	2a. Mailing Address				4. FE	Number		A	oplied For]
21		26				22	-2312626			ot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Ce	rtifcate of Status Desired	0_	\$8.75 Additional Fee Required		
City & Stat		City & State				6. Els	ection Campalgn Financing		\$5.00	May Be	1
23		28				Tru	ist Fund Contribution	- 	Added	to Fees	4
Zip	Country	Zlp Cour			•	8. This corporation owes the current year Intangible					1
24	25	29	30	,			rsonal Property Tax.		Yes	No	-
	9. Name and Address of Current	t Registered Agent		-		10, Na	me and Address of New R	egistered A	gent		-
1 15 117	TED CTATES CODBODATION COL	MANIV		81	Name						-
1201	TED STATES CORPORATION COI HAYS STREET	MPANI	wi			Address (P.O. Box Number is Not Acceptable)]
	E 105										1
TALL	AHASSEE FL 32301			84	City				85 Zip	Code	┪
				1				<u>FL</u>			╛
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation		authorize forida Stat	d by lutes.	the corpo	ration's board	of directors. I hereby accep		tment as r	registered	
	Signature, typed or printed name of registered agent			i Agen	t eigneture M	quired when reinsta		OATE	DIRECT	ODS IN 12	-1
12.	OFFICERS ANI	D DIRECTORS	13.			ADD	NITIONS/CHANGES TO OFF	ICERS AN	Change		<u>, </u>
TITLE	P P P P P P P P P P P P P P P P P P P	בן אבנגונ							٠,٠٠٠		1
NAME	SHEPARD, JEFFREY 933 MACARTHUR BLVD.		1.2 NAME		ADDRESS						-
STREET ADDRESS											1
CITY-ST-ZIP -	MAHWAH NU	☐ DELETÉ	217	MY-51	-26				☐ Change	Addition	╗,
TITLE	PROFFITT, RANDALL S	_ bczz	22 N						_ ,	_	
NAME					ANNDESS						1
STREET ADDRESS	933 MACARTHUR BLVD. MAHWAH NJ		1	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							
CITY-ST-ZIP	AT NO	DELETE	3.17	_	1-20	AT			☐ Change	Addition	,
	WOJNO, THOMAS	P. C.	32N		- 1	0- 11/2	thongs old		_ •	,	ı
NAME					ADDRESS	933_	Macarthur Blud				1
STREET ADDRESS	MAHWAH NJ			S-YTK		403- Mahu					
CITY-ST-ZIP	S	☐ DELETE	4.1 17	_	1-21	17.91.05			Change	Addition	<u> </u>
NAME	RICHARDS, MAUREEN	_	4 21	ME							1
STREET ADDRESS			435	TREET	ADDRESS						1
CITY-ST-ZIP	MAHWAH NJ			TY-51							1
TITLE	D.	☐ DELETE	5.1 TI						☐ Change	☐ Add:tion	1].
NAME	PALIZZI, ANTHONY	•	52 N	AME	ļ						T
STREET ADDRESS	W MO BEALED	,	5.3 \$	TREET	ADDRESS					,	
CTY-ST-ZP	TROY MI		5.40	TY-ST	-ZIP						
TITLE	AT	G OELETE	6.1 T	TLE		ASST.	TREAC		Change	Addition	์ โ
NAME	KAKAR, MANOHAR		62N	AME	j	KATHILE	EN GUINNESSEY			•	
STREET ADDRESS	JOHNSON, MARK		6.35	TREET	ADDRESS						-
CITY-ST-7IP	MAHWAH NI		6.4 C	ITY-\$1	r-zup	933 Mac	ARTHUR BLVD., MAH	iwah, Nj	07430		i

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:

ASSI TREAS. APR 0 SIGNAL GREEN ASSI, TRE SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR (201) 934-2000 CR2E034 (11/98)