

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 696694 (9)**  
 1. Corporation Name  
**MELDISCO K-M N.W. 2ND AVE., FLA., INC.**  
**# 3203**

Principal Place of Business <b>9903 MILITARY TRAIL          BOYNTON BCH. FL 33436          US</b>	Mailing Address <b>933 MACARTHUR BLVD.          MAHWAH NJ 07430</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1981</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>22-2364357</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 the filer if applicable) (NO! Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, JEFFREY</b>	1.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAHWAH NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROFFITT, RANDALL</b>	2.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAHWAH NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOJNO, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAHWAH NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, MAUREEN</b>	4.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAHWAH NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALIZZI, ANTHONY</b>	5.2 NAME	
STREET ADDRESS	<b>3100 W. BIG BEAVER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK, MANORAR</b>	6.2 NAME	<b>AT</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	6.3 STREET ADDRESS	<b>MARK JOHNSON</b>
CITY-ST-ZIP	<b>MAHWAH NJ</b>	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:  **THOMAS WOJNO** APR 11 1998

CR2E034 (10/97)