

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

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

04-23-1999 90069 017 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 696694

1. Corporation Name  
 MELDISCO K-M N.W. 2ND AVE., FLA., INC.

#3203



Principal Place of Business: 9903 MILITARY TRAIL, BOYNTON BCH. FL 33436 US  
 Mailing Address: 933 MACARTHUR BLVD. MAHWAH NJ 07430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		07/30/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-2364357	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

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			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 \_\_\_\_\_ (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		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	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, MAUREEN		4.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALIZZI, ANTHONY		5.2 NAME		
STREET ADDRESS	3100 W. BIG BEAVER		5.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		5.4 CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, MARK		6.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		6.4 CITY-ST-ZIP		

ASST. TREAS.  
**THOMAS BAUMLIN**  
 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 OF THOMAS BAUMLIN APR 01 1999 (201) 934-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)