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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

# F20948

MELDISCO K-M LEHIGH ACRES, FLA., INC.

(8) # 404º FILED
May 15 1998 8:00am
Secretary of State



						-{		<b>        </b>	<b>              </b>	
Principal Place of Business Mailing Address										
1200 HOMESTEAD RD N LEGIGH ACRES FL 33936 US		933 MACARTHUR BLVD. MAHWAH NJ 07430				DO NOT WE	ITE IN THIE	RDACE		
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						l '	:u		Ţ	
2. Principal Place of Business 2a. Mailing Address						02/24/1981 4. FE! Number			plied For	
21	idog of thusinkiss	· · · · · ·							ot Applicable	
Sulte, Apt.	# etc	Suite Apt #, etc.				— \$9.75 Additional				
22		27				5. Certificate of Status Desired	U	Fee Re		
City & Stat	lo	City & State				6. Election Campaign Financing	<del></del>	\$5.00		
23 Zip		28				Trust Fund Contribution	' 🗆	Added		
* Zip	Country	Zip Country			<del></del>	8. This corporation owes or has	paid the cu	irrent ear Int	angible	
24	25 29 30		30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent		
UN	NITED STATES CORPORATION C	OMPANY	1	B1	Name					
12	01 HAYES ST		<del> </del>	32	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
	JITE 105		Ĺ				· · · · · · · · · · · · · · · · · · ·			
TA	LLAHASSEE FL 32301		1	33						
			1	34	City			<b>85</b> Zip (	Code	
							<u>FL</u>			
office or a agent. I a	to the provisions of Sections 607 050 registered agent, or both, in the State rm familiar with, and accept the oblig	of Florida, Such change was	authorized	by t	the corporatio	oration submits this statement for tr on's board of directors. I hereby ac	e purpose on the ep	or changing it pointment as	s registered registered	
SIGNATURE	Signature, typed or profed name of regularized ag-	of and life if applicable (NO	If Registered	Agent	il signature required	d when reinstaling)	DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	IS IN 12	
TITLE	₽D	☐ DELETE	1.1 TUTE	.E				L Change	Addition	
NAME	SHEPARD, JEFFREY		1.2 NAA	AE.						
STREET ADDRESS	933 MACARTHUR BLVD.	1.3 \$1		.3 STREET ADDRESS						
CITY-ST-ZIP	MAHWAH NJ			/- S1-	- ZIP					
TITLE	V	☐ DELETE	2.1 TITL	F				☐ Change	☐ Addition	
NAME	***************************************		2.2 NAM	(F	1					
STREET ADDRESS			23 SIH	EET A	NDDRESS					
CITY-ST-ZIP	MAHWAH NJ 2.40				- ZIP					
TITLE	AT HIGHE	DELETE 3.1 TI						□ Change	Addition	
NAME	WOJNO, THOMAS		3.2 NAN							
STREET ADDRESS	933 MACARTHUR BLVD.		3.3 STR	EET A	NDDRESS					
CITY-ST-ZIP	MAHWAH NJ	SELETE	3.4. CHY		- 7IP				11 (220)	
TALE	DOLLARDO MALIRECTI	DELETE	4.1 TITE					Change	Addition	
NAME	RICHARDS, MAUREEN		4. 2 NA		1					
STREET ADDRESS	933 MACARTHUR BLVD		1		DDRESS					
CITY-ST-ZIP	MAHWAH NJ	DELETE	4.4 CITY		- 7(P			Channa	Addition	
TITLE	D CALLETTI ANTHONY	L''I DESERE	5.1 TITL					☐ Change	LI AUGICION	
NAME	**************************************		5.2 NAM							
STREET ADDRESS	3100 W. BIG BEAVER				DDRESS					
CITY-ST-ZIP	TROY MI	DELETE	5.4 CITY		- ZIP			Change	Addition	
TITLE	AT HANNE BOOKER	Detele	6.1 11TL			$AT^{-}$		<b>≥</b> Change	L AUGINON	
NAME	-KAKAR, MANUHAR	,	62 NAN							
STREET ADDRESS	933 MACARTHUR BLVD.		63 STR	EET AI	IDDRESS	MARK JOHNSON			ŀ	

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 supplienced 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 occover or trustee compowered 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.

X THOMA

ASAPR (1 , 402 (201) 934-2000