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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F20949

MELDISCO K-M PERRY, FLA., INC.

(6)

x4061

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



		Dr To Si					
Principal Place of Business Mailing Address					A TORNING BILL CARL DRAID COLO STREET OFFI	MIMIT MIME MIME MIMIT MIMIT IM	PI .
1809 BYRON BUTLER PKWY 933 MACARTHUR BLVD PERRY FL 32347 MAHWAH NJ 07430			•				
					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified	113 SFACE	
					02/24/1981		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied F	or
21		26			22-2340163	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		, <u></u>	5. Certificate of Status Desired	\$8.75 Addition	ial
22		27			6. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be	9
28		28	1		Trust Fund Contribution	Added to Fees	···
	Zip Country Zip		Country		8. This corporation owes or has paid the		' i
24	25 9. Name and Address of Curren	1 Begistered Agent	[30]		Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes No	
1 111	NITED STATES CORPORATION C		81	Name	10. Hallo alla Addicado of How Hogiste		
	NITED STATES CORPORATION C 101 HAYES ST	OMPANT					
	JITE 105		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	LLAHASSEE FL 32301		83	<del> </del>			
"	EDYTHOOCE TE DESCT		ļ				
			84	City	,	EL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	tes, the abov	e-named c			ered
office or agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	rof Florida, Such change was ations of, Section 607,0505, Fl	authorized b Iorida Statute	y the corpo s.	orporation submits this statement for the purpos oration's board of directors. I hereby accept the	appointment as register	red
SIGNATURE							
SIGNATURE	Signature, typed or ported raine of registered age	ot and tour applicable (NO	IF Registered Ag	ent signature re	equired when roinstating) DA		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	1		1.1 TITLE			Change Ad	idition
NAME			1.2 NAME				3
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	MAHWAH NJ	DELETE	1.4 CITY - 2.1 TITLE	S1 - ZIP		Change Ad	tation (
TITLE NAME	PROFFITT, RANDALL S		2.1 TITLE 2.2 NAME			C Cuante C No	IDIOIOII
	AAA 144 O LOOMIN ON ON ON			I ADORESS			
STREET ADDRESS	BARINGIA AND		1				
CITY-ST-ZIP	The state of the s		2. 4 CHY- 3.1 TOLE	51-211		Change Ad	dition
NAME	WOJNO, THOMAS		3.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.			I ADDRESS			
CITY-ST-ZIP	MAHWAH NJ		3.4 CITY-				
TITLE	8	DELETE	4.1 TITLE	-		Change Ad	Idition
NAME	RICHARDS, MAUREEN		4. 2 NAME	ļ			
STREET ADDRESS	933 MACARTHUR BLVD		4.3 STREE	ADORESS			
CITY-ST-ZIP	MAHWAH NJ		4.4 CITY-1	ST-ZIP			
TITLE	D	☐ DELETE	5 1 TITLE			Change Ad	Jdition
NAME	PALIZZI, ANTHONY		5.2 NAME				
STREET ADDRESS	\$100 W. BIG BEAVER		5.3 STR€E	ADDRESS			
CITY-ST-ZIP	TROY MI		5.4 CITY-1	ST-ZIP			
TITLE	AT	DELETE	6 1 TITLE		AT	Change Ad	dition
NAME	<del>KAKAR, MANOHA</del> R		6 2 NAME		MARK JOHNSON		
STREET ADDRESS			6.3 STREE	ADDRESS	Man at an		
CITY-ST-ZIP	MAHWAH NJ	an an agus na leis se ea agus se ea an an agus se ea an	64 CHY-	31 - ZIP	C. C		

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 informatio 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 oranged, or on an attachment with an address.