

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F28784 (9)

1. Corporation Name
MELDISCO K-M MISSION BELL, FLA., INC.

3111



Principal Place of Business
12701 N. DALE MABRY HWY.
TAMPA FL 33618
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 04/07/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2349967	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
				FL	85 Zip Code

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

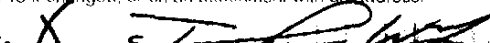
Signature typed or printed in block of registered agent and title, if applicable.

(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 S		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	AT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAKAR, MANOHAR		6.2 NAME				
STREET ADDRESS	933 MACARTHUR BLVD.		6.3 STREET ADDRESS	MARK JOHNSON			
CITY-ST-ZIP	MAHWAH NJ		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 1 1998 (01) 954-2300

CR2E034 (10/97)