

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
---	---	---

DOCUMENT # **F66298** (3)

1. Corporation Name
MELDISCO K-M RUSKIN, FLA., INC.

#3252

Principal Place of Business

**131 19TH AVE. N.E.
RUSKIN FL 33570
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 02/08/1982	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 22-2389214	
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

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

10. Name and Address of New Registered Agent

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 name 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAKAR, MANOHAR			6.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD.			6.3 STREET ADDRESS			
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 15 1998** **934-0000**

CR2E034 (10/97)