

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-23-1999 90069 012 \*\*\*150.00

**DOCUMENT # F81456**

1. Corporation Name

MELDISCO K-M CALLAWAY, FLA., INC.

*3268*

Principal Place of Business

225 S. TYNDALL PKWY.  
CALLOWAY FL 32401  
US

Mailing Address

933 MACARTHUR BLVD.  
MAHWAH NJ 07430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1982

4. FEI Number

22-2403259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

**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

TITLE ☐ DELETE

NAME P SHEPARD, JEFFREY

STREET ADDRESS 933 MACARTHUR BLVD.

CITY-ST-ZIP MAHWAH NJ

TITLE ☐ DELETE

NAME V PROFFITT, RANDALL S

STREET ADDRESS 933 MACARTHUR BLVD.

CITY-ST-ZIP MAHWAH NJ

TITLE ☐ DELETE

NAME AT WOJNO, THOMAS

STREET ADDRESS 933 MACARTHUR BLVD.

CITY-ST-ZIP MAHWAH NJ

TITLE ☐ DELETE

NAME S RICHARDS, MAUREEN

STREET ADDRESS 933 MACARTHUR BLVD

CITY-ST-ZIP MAHWAH NJ

TITLE ☐ DELETE

NAME D PALIZZI, ANTHONY

STREET ADDRESS 3100 W. BIG BEAVER

CITY-ST-ZIP TROY MI

TITLE ☒ DELETE

NAME AT JOHNSON, MARK

STREET ADDRESS 933 MACARTHUR BLVD.

CITY-ST-ZIP MAHWAH NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS BAUMLIN**

Date

Daytime Phone #

CR2E034 (11/98)