

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

FILED
Feb 18, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



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

02-18-1999 90022 023 ****158.75

DOCUMENT # F95000002661

1. Corporation Name
MELITTA NORTH AMERICA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
13925 58TH STREET N
CLEARWATER FL 33760
US

Mailing Address
13925 58TH STREET N
CLEARWATER FL 33760
US

3. Date Incorporated or Qualified	06/24/1996		
4. FEI Number	22-1732130	Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip Country	28 Zip Country		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
O'KEEFE, MICHAEL F
13925 58TH ST N
CLEARWATER FL 33760

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *Michael F O'Keefe* (NOTE: Registered Agent signature required when reinstating) DATE: 1/24/99

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	RADTKE, H. HELMUT
STREET ADDRESS	13925 58TH ST N
CITY-ST-ZIP	CLEARWATER FL
TITLE	T <input type="checkbox"/> DELETE
NAME	O'KEEFE, MICHAEL F
STREET ADDRESS	13925 58TH ST N
CITY-ST-ZIP	CLEARWATER FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MODZELEWSKI, MICHAEL
STREET ADDRESS	13925 58TH ST N
CITY-ST-ZIP	CLEARWATER FL
TITLE	AT <input type="checkbox"/> DELETE
NAME	WOHLWEND, BETH
STREET ADDRESS	13925 58TH STREET N
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUMPHRIES, ROBERT
STREET ADDRESS	501 E KENNEDY BLVD #1700
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Michael F O'Keefe* 1-24-99 727-534-4830
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)