**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G20184

1. Corporation Name

Principal Place of Business

MELDISCO K-M LARGO, FLA., INC.

#3318

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

04-23-1999 90067 027 \*\*\*150.00

Mailing Address 933 MACARTHUR BLVD. MAHWAH NJ 07430

13100 66TH ST. LARGO FL 33543

DO NOT WRITE IN THIS SPACE

							]		01/25/1983			
2.	. Principal Place of	f Business	2a. !	Mailing Address	<del></del> -		·		FEI Number	Ī	Applied For	
21	1		26				1		22-2436669		Not Applicable	
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	,	75 Additional e Required	
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
24	Zip	Country 25	29	Zip	Cοι 30	intry			This corporation owes the current year Personal Property Tax.	ntangible Yes	□No	
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
						81	Name					
110 NORTH MAGNOLIA STREET					82	Street Address (P.O. Box Number is Not Acceptable)						
					83							
						84	City		F	L 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.

3	• • • • •					
SIGNATURE	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ 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	☐ DELETE	2.1 TITLE		☐ Change	☐ 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	☐ DELETE	3.1 TITLE	•	☐ Change	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			
TITLÉ	\$	☐ DELETE	4.1 TITLE		☐ Change <sub>(</sub>	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	☐ DELETE	5.1 TITLE		☐ Change	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	<b>□ E</b> LETE	6.1 TITLE	ASST. TREAS.	Change	Addition
NAME	JOHNSON, MARK	•	6.2 NAME	THOMASO DALIMALINE		
STREET ADDRESS	933 MACARTHUR BLVD.		6.3 STREET ADDRESS	933 MacARTHUR BLVD., MAHW.	AH. NJ 07430	
	MAHWAH MI		6.4 CITY-ST-7IP	1 433 MISCAKILION DELDA MANILI	•	

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 MLLI with an address, with all other like empowered ML

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

4014 

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