

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 006 \*\*\*150.00

DOCUMENT # **G25754**

1. Corporation Name  
**MELDISCO K-M NARANJA, FLA., INC.**

*# 3314*



Principal Place of Business  
27455 S. FEDERAL HWY.  
NARANJA FL 33031  
US

Mailing Address  
933 MACARTHUR BLVD.  
MAHWAH NJ 07430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/28/1983**

4. FEI Number  
**22-2442887**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **SHEPARD, JEFFREY**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **PROFFITT, RANDALL S**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **AT** ☐ DELETE  
NAME **WOJNO, THOMAS**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **RICHARDS, MAUREEN**  
STREET ADDRESS **933 MACARTHUR BLVD**  
CITY-ST-ZIP **MAHWAH NJ**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PALIZZI, ANTHONY**  
STREET ADDRESS **3100 W. BIG BEAVER**  
CITY-ST-ZIP **TROY MI**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **AT** ☒ DELETE  
NAME **JOHNSON, MARK**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**

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 OF REGISTERED AGENT**  
**THOMAS BAUMLIN**

**APR 6 1999**

**(201) 934-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)