

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

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

04-23-1999 90067 020 \*\*\*150.00



**PROFIT CORPORATION**  
**ANNUAL REPORT**  
**1999**

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

**DOCUMENT # H80885**

1. Corporation Name  
**MELDISCO K-M CLEWISTON, FL., INC.**

# 3412



Principal Place of Business  
 955 SUGARLAND HWY.  
 CLEWISTON FL 33440

Mailing Address  
 933 MACARTHUR BLVD  
 MAHWAH NJ 07430  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/15/1985**

4. FEI Number **22-2649366** 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY**  
 1201 HAYES STREET  
 STE. 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 WW. 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

**ASSIST. 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 #

(201) 934-2000

CR2E034 (1/98)