

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H97205 (9)
 1. Corporation Name
MELDISCO K-M OLDSMAR, FL., INC.

3416



Principal Place of Business: **3801 STATE RD. 586 OLDSMAR FL 33557**

Mailing Address: **933 MACARTHUR BLVD MAHWAH NJ 07430-2045 US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 02/03/1986 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Zip | 22-2685671 | |
| 24 | Country | 29 | Country | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

| | | |
|----|--|----|
| 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 _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | |
| TITLE | AT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAKAR, MANGHAD | 4.2 NAME | AT MARK JOHNSON |
| STREET ADDRESS | 933 MACARTHUR BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAHWAH NJ | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | S <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDS, MAUREEN | 6.2 NAME | |
| STREET ADDRESS | 933 MACARTHUR BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAHWAH NJ | 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.

SIGNATURE *[Signature]* **THOMAS WOJNO** PRESIDENTS. APR 0 1 1998 (201) 924-2000

CR2E034 (10/97)