

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

DOCUMENT # H97216

1. Corporation Name

MELDISCO K-M PINES BLVD. & DUKES BLVD., FL., INC

#4359

Principal Place of Business

1425 E. HALLANDALE
HALLANDALE FL 33025

Mailing Address

933 MACARTHUR BLVD
MAHWAH NJ 07430-2045
US

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

04-23-1999 90067 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1986

4. FEI Number

22-2685151

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 15915 PINES BLVD.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 33027 25 FL

29 30 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

TITLE V ☐ DELETE

NAME PROFFITT, RANDALL S
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJ

2.1 TITLE ☐ Change ☐ Addition

TITLE AT ☐ DELETE

NAME WOJNO, THOMAS
STREET ADDRESS 933 MACARTHUR BLVD.
CITY-ST-ZIP MAHWAH NJ

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PALIZZI, ANTHONY
STREET ADDRESS 3100 W BIG BEAVER
CITY-ST-ZIP TROY MI

4.1 TITLE ☐ Change ☐ Addition

TITLE AT ☒ DELETE

NAME JOHNSON, M
STREET ADDRESS 933 MACARTHUR BLVD
CITY-ST-ZIP MAHWAH NJ

5.1 TITLE ☐ Change ☒ Addition

TITLE S ☐ DELETE

NAME RICHARDS, MAUREEN
STREET ADDRESS 933 MACARTHUR BLVD
CITY-ST-ZIP MAHWAH NJ

6.1 TITLE ☐ Change ☐ Addition

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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ASST. TREAS. APR 01 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)