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 # **J06811** 1. Corporation Name

MELDISCO K-M N. MIAMI BEACH, FL., INC.

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

04-23-1999 90067 014 ***150.00



Principal Place of Business Mailing Address				2.2 2.2 2.2			
900 N. MIAMI		933 MACARTHUR BLVD					
N. MIAMI BCH		MAHWAH NJ 07430				THE COACE	
US	•				DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 03/31/1986		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26					Not Applicable
Suite, Apt	, #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
22		27			5. Certifcate of Status Desired	Fee_	Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	ar Intangible	
24	25	29 3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
			81) (Name			
UNITED STATES CORPORATION COMPANY			82 5	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
110 N MAGNOLIA ST				Olicel Adol	(1:0: Box (tellipol is flot) tespice.e)		
TAL	LAHASSEE FL 32301	•	83				 :
						1251 7	- Code
			84	City		FI 85 Z	ip Code
44 Burauan	t to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	the above-n	named come	oration submits this statement for the purpo	se of changing	its registered
office or	registered agent or both in the State	of Florida. Such change was aut	horized by the	e corporatio	on's board of directors. I hereby accept the	appointment as	registered
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ta Statutes.				
SIGNATURE		(AIOTE: D	agistared Agent Si	anatura required	t when reinstation) D/	VIE.	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.) OFFICERS AND DIRECTORS 13.			g.maa.o roquii oo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1,1 TITLE			Chang	
NAME	SHEPARD, JEFFREY	_	1.2 NAME				
	CON MANAGEMENT DI UD		1.3 STREET AC	JUBESS			
STREET ADDRESS	MAHWAH NJ		1.4 CITY-ST-Z				
CITY-ST-ZIP	V	DELETE	2.1 TITLE	up		Chang	ge Additio
TITLE	1.		2.2 NAME	1		_ `	. -
NAME	PROFFITT, RANDALL S s 933 MACARTHUR BLVD.			000000			
STREET ADDRES			2.3 STREET AC				
CITY-ST-ZIP	MAHWAH NJ	DELETE	2.4 CITY-ST-2	ZIP		☐ Chang	ge Additio
TITLE	AT	☐ DELETE	3.1 TITLE				,- L-1, 195100
NAME	WOJNO, THOMAS		3.2 NAME	1			
STREET ADDRES	•		3.3 STREET AL	DORESS		_	
CITY-ST-ZIP	MAHWAH NJ		3.4. CITY-ST-2	ZIP	ACCA TOTAC		
TITLE	AT	DELETE	4.1 TITLE		MOOK ONENO.	Chang	ge Additio
NAME	JOHNSON, MARK		4. 2 NAME	9	ASSI, TREAS.		
STREET ADDRES	* k		4.3 STREET AC	DDRESS	33 MacARTHUR BLVD., MAHWAI	H. NJ 07430	}
CITY-ST-ZIP	MAHWAH NJ		4.4 CITY-ST-Z	_{ZIP} 93	23 MISCHALLION DEAD" HIVITAN		
TTT 5	n	□ DELETE	5.1 TITLE			☐ Chane	ge 🔲 Additio

CITY-ST-ZIP 14. 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. address, with all other like empowered LI APR 0 1 1999201) 934-2000

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

PALIZZI, ANTHONY

TROY MI

MAHWAH NJ

3100 W BIG BEAVER

RICHARDS, MAUREEN

933 MACARTHUR BLVD

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

☐ Addition

CR2E034 (11/98)