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 # K79989

1. Corporation Name

MELDISCO K-M POMPANO BEACH, FL., INC.

13666

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90069 043 ***150.00

Principal Place of Business

Mailing Address

9200 WILES RD.

POMPANO BCH. FL 33067

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/13/1989

								04/13/1989				
2. Principal Place of Business			2a. Mailing Address				1 **	FEI Number		-	applied For	
21			26					22-2970202	i	_	lot Applicable	
	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired			Additional Required	
22	City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
	Żip	Country 25	29	Zip	Cou	intry		This corporation owes the current year Inta Personal Property Tax.	angible		□No	
24	9. Name	and Address of Current		tered 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, and accept the obligations of Section 607.0505. Florida Statutes.

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: R	egistered Agent signature re	equired when reinstating)	DATE							
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR							
TITLE	AT	☐ DELETE	1.1 TITLE		☐ Change	Addition						
NAME	WOJNO, THOMAS		1.2 NAME									
STREET ADDRESS	933 MACARTHUR BLVD	•	1.3 STREET ADDRESS	`								
CITY-ST-ZIP	MAHWAH NJ		1.4 CITY-ST-ZIP									
TITLE	Р	☐ DELETE	2.1 TITLE		☐ Change	Addition						
NAME	SHEPARD, JEFFREY		2.2 NAME	.								
STREET ADDRESS	933 MACARTHUR BLVD		2.3 STREET ADDRESS	`								
CITY-ST-ZIP	MAHWAH NJ		2.4 CITY-ST-ZIP									
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition						
NAME	PROFFITT, RANDALL		3.2 NAME									
STREET ADDRESS	933 MACARTHUR BLVD.		3.3 STREET ADDRESS	_								
CITY-ST-ZIP	MAHWAH NJ		3.4. CITY-ST-ZIP									
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition						
NAME	Palizzi, anthony		4. 2 NAME									
STREET ADDRESS	3100 WEST BIG BEAVER		4.3 STREET ADORESS			/						
CITY-ST-ZIP	TROY MI		4.4 CITY-ST-ZIP			/_						
TITLE	AT	DELETE	5.1 TITLE	ASSI, TREAS.	∏ Change	Addition						
NAME	JOHNSON, M		5.2 NAME	Market and the second s								
STREET ADDRESS	933 MACARTHUR BLVD		5.3 STREET ADDRESS	THOMAS BAUMLIN								
CITY-ST-ZIP	MAHWAH NJ		5.4 CITY-ST-ZIP	933 MacARTHUR BLVD, I	<u>MAHWAH, NJ 07430</u>							
TITLE	S	☐ DELETE	6.1 TITLE	·	Change	☐ Addition						
NAME	RICHARDS, MAUREEN		6.2 NAME									
STREET ADDRESS	933 MACARTHUR BLVD		6.3 STREET ADDRESS									
	AAALINA/ALI NI I		64 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 ame 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 BAUMEN

TREAS APR

Daytime Phone

1001