PROFIT
CORPORATION "
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K94417

1. Corporation Name

MELDISCO K-M U.S. HWY. #90, FL., INC.

#3587

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

04-23-1999 90069 041 ***150.00



	_ <u>.</u>			<u>·</u>	
Principal Place of Business Mailing Address					
US HWY 90 933 MACARTHUR BLVD					
RR5 BOX 26	****	933 MACARTHUR BLVD			DO NOT WRITE IN THIS SPACE
MARIANNA FL 32446 MAHWAH NJ 07430 Lis us					3. Date Incorporated or Qualifed
บร					06/12/1989
2. Principal I	Place of Business 2a. Mailing Address				4. FEI Number Applied For
21	26			1	22-2984670 Not Applicable
Suite, Apt	Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27	27		Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Country	∀	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent	_		10. Name and Address of New Registered Agent
			81	Name	
UNITED STATES CORPORATION COMPANY			82	Street	Address (P.O. Box Number is Not Acceptable)
	1 HAYES ST		"	1 -3.550,	, ,
	TE 105		83	3	
TALLAHASSEE FL 32301			84	l City	85 Zip Code
				'	FL S FL
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 AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOJNO, THOMAS		1.2 NAME		
STREET ADDRES	s 933 MACARTHUR BLVD		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MAHWAH NJ		1.4 CITY-	ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHEPARD, JEFFREY		2.2 NAME		
STREET ADDRES	COO MACADTUUD DI VID		2.3 STREE	ET ADDRESS	,
1	MAHWAH NJ		2. 4 CITY-		
CITY-ST-ZIP	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE	PROFFITT, RANDALL S	— p	3.2 NAME		
NAME	COO MACADTHUO DUVO			ET ADDRESS	}
STREET ADDRES	AAAI DAAAI AAAI				
CITY-ST-ZIP	MAHWAH NJ			ST-ZIP	Change Addition
TITLE	D	☐ DELETE	4.1 TITLE		C outlings T Addition
NAME	PALIZZI, ANTHONY		4.2 NAME		
STREET ADDRES			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP	TROY MI		4.4 CITY-	ST- <u>ZIP</u>	00 to 10 to
TITLE	AT	DELETE	5.1 TITLE		ASSU TREAS. Change Addition
NAME '	JOHNSON, M		5.2 NAME		
STREET ADDRES	AND ASSOCIATION OF AN		5.3 STRE	ET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430
CITY-ST-ZIP	NAME DAYALE SALE		5.4 CITY-	ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE		Change Addition
NAME	RICHARDS, MAUREEN		6.2 NAME		
1	AND MACABET HIS DIVID		6.3 STRE	ET ADDRESS	
STREET ADDRES	AAALBAALLALLALL		6.4 CITY-		\
CITY-ST-ZIP	: MANYAN IW		U.* OUT 1	س ب	1

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:

STORAGE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTORS BAUNALING AS

APR (1990 (201) 93

Daytime Phone #

R2E034 (11/98)