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

04-23-1999 90069 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L70385

1. Corporation Name
MELDISCO K-M WINTER SPRINGS, FL., INC. *#3641*



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1425 TUSKAWILLA RD
 UNIT 225
 WINTER SPRINGS FL 32708
 US

Mailing Address
 933 MACARTHUR BLVD
 MAHWAH NJ 07430-2045

3. Date Incorporated or Qualified
05/04/1990

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

4. FEI Number
22-3046714

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

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
 1201 HAYES ST
 SUITE 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <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 checked="" type="checkbox"/> Addition
NAME	JOHNSON, M	4.2 NAME	ASST. TREAS.
STREET ADDRESS	933 MACARTHUR BLVD	4.3 STREET ADDRESS	THOMAS BAUMLIN
CITY-ST-ZIP	MAHWAH NJ	4.4 CITY-ST-ZIP	933 MacARTHUR BLVD., MAHWAH, NJ 07430
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 MAC ARTHUR 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, with all other like empowered.

SIGNATURE: *THOMAS BAUMLIN* **ASST. TREAS.** APR 21 1999 (201) 934-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)