

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L70390 (4)
1. Corporation Name
MELDISCO K-M 10101 SOUTHERN BLVD., FL., INC. #3670



Principal Place of Business
10101 SOUTHERN BLVD
ROYAL PALM BCH FL 33411
US

Mailing Address
933 MACARTHUR BLVD
MAHWAH NJ 07430-2045

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/04/1990 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 22-3046726 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| UNITED STATES CORPORATION COMPANY 1201 HAYES ST 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | AT WOJNO, THOMAS 933 MACARTHUR BLVD MAHWAH NJ | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD SHEPARD, JEFFREY 933 MACARTHUR BLVD MAHWAH NJ | 1.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | V PROFFITT, RANDALL S 933 MAC ARTHUR BLVD MAHWAH NJ | 1.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | AT KAKAR, MANOHAR 933 MACARTHUR BLVD MAHWAH NJ | 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D PALIZZI, ANTHONY 3100 W BIG BEAVER TROY MI | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | S RICHRAD, MAUREEN 933 MAC ARTHUR BLVD MAHWAH NJ | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 2.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:  THOMAS WOJNO, PRES. TREAS. APR 8 1 1998

CR2E034 (10/97)