PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96828

1. Corporation Name

MELDISCO K-M 1801 N.W. HWY. 19, FL., INC.

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

04-23-1999 90069 033 ***150.00



Principal Place	of Business	Mailing Address			
1801 NW HWY 19 933 MACARTHUR BLVD					
CRYSTAL RIVER FL 32629 MAHWAH NJ 07430-2045					DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualifed
					08/30/1990
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26		26			22-3078937 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 27		27			5. Certificate of status besited Fee Required
City & State City &		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 28		28			Trust Fund Contribution Added to Fees
Zip Country Zip		Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Nam	e
UNITED STATES CORPORATION CO.			82	Stron	et Address (P.O. Box Number is Not Acceptable)
1201 HAYES ST			62	3000	Et Address (r. O. Box Halliber to Not / todopaste)
SUITE 105 TALLAHASSEE FL 32301		83			
IALL	ANAOGEE I E 32301		84	City	FL 85 Zip Code
44 D	the envisions of Continue 607 0503	and 607 1609 Florida Statutae	he above		ed corporation submits this statement for the purpose of changing its registered
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 AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	SHEPARD, JEFFREY		1.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD		1.3 STREE	TADORES	ss ·
CITY-ST-ZIP	MAHWAH NJ		1.4 CITY-S	T-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PROFFITT, RANDALL S		2.2 NAME		
1	933 MACARTHUR BLVD		2.3 STREE	TANNES	· ·
STREET ADDRESS	MAHWAH NJ				~
CITY-ST-ZIP	AT	□ DELETE	2. 4 CITY-5 3.1 TITLE	\$1-ZIP	☐ Change ☐ Addition
TITLE					
NAME	WOJNO, THOMS		3.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD		3.3 STREE		58
CITY-ST-ZIP	MAHWAH NJ		3.4. CITY-	ST-ZIP	ACCT TOTAL Addition
TITLE	AT	▼ DELETÉ	4.1 TITLE		MODE OF THE PART IN
NAME	JOHNSON, M		4.2 NAME		THOMAS BAUMLIN
STREET ADDRESS	933 MACARTHUR BLVD		4.3 STREE	TADDRES	933 MacARTHUR BLVD., MAHWAH, NJ 07430
CITY-ST-ZIP	MAHWAH NJ		4.4 CITY-5	T-ZIP	933 MacAntion
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Palizzi, anthony	-	5.2 NAME		
STREET ADDRESS	3100 W BIG BEAVER		5.3 STREE	TADDRES	ss
CITY-ST-ZIP	TROY MI		5.4 CITY-S	T-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE		Change Addition
NAME [RICHARDS, MAUREEN		6.2 NAME		
STREET ADDRESS	933 MAC ARTHUR BLVD		6.3 STREE	TADDRES	ss ·
CITY-ST-ZIP	MAHWAH NJ		6.4 CITY-S	T-ZIP	

MAHWAH NJ

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: