

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M95871 (3)
1. Corporation Name
MELDISCO K-M ROCKLEDGE, FL., INC.
#3524



Principal Place of Business
282 BARTON BLVD.
ROCKLEDGE FL 32955
US

Mailing Address
933 MACARTHUR BLVD.
MAHWAH NJ 07430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 22-2917056	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. 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 UNITED STATES CORPORATION COMPANY 1201 HAYS STREET 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
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEPARD, JEFFREY			2.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MANWAH NJ			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PROFFITT, RANDALL S			3.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALIZZI, ANTHONY			4.2 NAME			
STREET ADDRESS	3100 WEST BIG BEAVER			4.3 STREET ADDRESS			
CITY-ST-ZIP	TROY MI			4.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAKAR, MANOHAR			5.2 NAME			
STREET ADDRESS	933 MACARTHUR BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	MAHWAH NJ			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 MACARTHUR 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.

SIGNATURE  THOMAS WOJNO ASST. TREAS. (201) 934-2000

CR2E034 (10/97)