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FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P35725**

(1)

1. Corporation Name

**MELRU CORPORATION**

Principal Place of Business

**CORAL ISLE FACTORY STORES  
7222 ISLE CAPRI RD #82  
NAPLES FL 33961  
US**

Mailing Address

**155 RITTENHOUSE CIR  
KEYSTONE PARK  
BRISTOL PA 18007  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/25/1991**

4. FEI Number

**23-2256563**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **155 Rittenhouse Circle**

Suite, Apt. #, etc.

22 **Keystone Park**

City & State

23 **Bristol Pa**

Zip

24 **19007**

Country

25 **US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Bristol Pa

29 Zip

30 19007

Country

31 US

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

TITLE ☐ DELETE

NAME **CEO  
KIMMEL, SIDNEY**  
STREET ADDRESS **191 N. PRESIDENTIAL BLVD**  
CITY-ST-ZIP **BALA CYNWYD PA**

TITLE ☐ DELETE

NAME **VPS  
GOODFRIEND, HERBERT J.**  
STREET ADDRESS **179 E. 70TH STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **P  
BUERKLE, HOWARD A.**  
STREET ADDRESS **83 HERRING ROAD**  
CITY-ST-ZIP **MONTVALE NJ**

TITLE ☐ DELETE

NAME **VPT  
CARD, WESLEY**  
STREET ADDRESS **10 KIMBERLY COURT**  
CITY-ST-ZIP **PRINCETON NJ**

TITLE ☐ DELETE

NAME **VP  
FARRELL, PATRICK M.**  
STREET ADDRESS **35 OAKRIDGE DR**  
CITY-ST-ZIP **LANGHORNE PA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VPT  
Card, Wesley R  
10 Kimberly Ct.  
Princeton, NJ 08540**  
**VP  
Farrell, Patrick M.  
1420 Barton Dr.  
Ft. Washington, Pa 19034**

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:

*[Signature]*

02/11/98

215-781-5112 (Kevin Martin)

CR2E034 (10/97)