

304016 - ANR2002

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 01, 2002 8:00 am Secretary of State

08-01-2002 90171 045 ***550.00

0000020 AV

DOCUMENT # P93000022448

1. Entity Name MELDISCO K-M 6015 CYPRUS GARDENS BLVD., FL., INC

Principal Place of Business 6015 CYPRESS GARDENS BLVD WINTER HAVEN FL 33884 US Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 4. FEI Number 22-3223976 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include: PD SHEPARD, JEFFREY; V PROFFITT, RANDALL S; T GUINNESSY, KATHLEEN; AT BAUMLIN, THOMAS; S RICHARDS, MAUREEN.

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN RICHARDS MAUREEN RICHARDS JUL 23 2002 (201) 934-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)