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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90068 022 ***150.00

DOCUMENT # P93000032185

1. Corporation Name

Principal Place of Business

MELDISCO K-M PINE ISLAND BLVD., FL., INC.

Mailing Address

NO HACABILLIO BLVD

| 15201 N CLEVE | | MAHWAH NJ 07430 | | | | | | | | | |
|---|---|--|-----------------------|--|-----------------|--|--------------|----------|---------|------------|--|
| N FORT MYERS FL 33903 MAHWAH NJ 07430 US US | | | | | Į. | DO NOT WRITE IN THIS SPACE | | | | | |
| 00 | | | | | Ì | 3. Date Incorporated or Qualifed | | | | | |
| | | • | | | | 05/04/1993 | | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | - | | Applie | ed For | |
| ⊢ ' | ace of Edulicos | 26 | ¬ | | | 22-3235552 | | | | pplicable | |
| Suite, Apt. | # oto | | Suite, Apt. #, etc. | | | EE 020000E | | \$8.7 | 5 Add | · | |
| <u> </u> | #, etc. | 27 | 10, 1 pt 11, 010. | | | 5. Certifcate of Status Desired | | | Requi | | |
| City & State | 2 | | City & State | | | 6. Election Campaign Financing | | \$5.0 | 00 Ma | | |
| 23 | 3 | 28 | | | | Trust Fund Contribution | | | ed to F | , , | |
| Zip | Country | | Country | | ~ | 8. This corporation owes the current year Intangible | | | | | |
| 24 | | 29 30 | | | | Personal Property Tax. | on year ma | ☐ Yes | \Box | No l | |
| 24 | 4 | | | 10. Name and Address of New Registered Agent | | | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | 81 Name | | | | | | |
| UNITED STATES CORPORATION COMPANY | | | | | | | | | | | |
| 1201 HAYES ST | | | 82 | Str | eet Addres | is (P.O. Box Number is Not Accepta | ible) | | | | |
| SUITE 105 | | | 83 | - | | <u> </u> | | | | | |
| IALL | AHASSEE FL 32301 | | 84 | Çit | | | | 85 2 | ip Cod | ie | |
| ł | | | " | 011 | y | | FL | . " | p 000 | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes, the | he above | e-nan | ned corpora | ation submits this statement for the | purpose of | changing | its reç | istered | |
| 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. | | | | | | | | | | | |
| | in familial with and accept the congu | 1013 01, 0001011 007.0000, 101100 | | • | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | at and title if applicable. (NOTE: Regis | stered Agen | nt signal | ture required w | hen reinstating) | DATE | | | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIREC | CTORS | IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | | ☐ Chan | ge | ☐ Addition | |
| NAME | SHEPARD, JEFFREY | l | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 933 MACARTHUR BLVD | 1.3 \$ | | 1.3 STREET ADDRESS | | | | | | ļ | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | | 1 | | | | | ł | |
| TITLE | | | 2.1 TITLE | | | | | ☐ Chan | ige | Addition | |
| NAME | <u> </u> | | 2.2 NAME | | | | | | | | |
| | 933 MACARTHUR BLVD | | 2.3 STREET | FADDD | E66 | | | | | ļ | |
| STREET ADDRESS | | | 2.4 CITY-ST-ZIP | | | | | | | | |
| CITY-ST-ZIP | | | | 1-21 | | | | ☐ Chan | | ☐ Addition | |
| TITLE (| A1 | | 3.1 TITLE 3.2 NAME | | | | | _ | • | _ | |
| NAME | WOJNO, THOMAS | | 3.3 STREET | | 500 | | | | | , | |
| 1 | AAAD MAYALI BALI | | | | E\$5 | | | | | | |
| CITY-ST-ZIP | MAHWAH NJ | | 3.4. CITY-S | T-ZIP | - Au | SSI. TREAS. | | Chan | | Addition | |
| TITLE | • | | 1.1 TITLE | | | HOMAS BAUMLIN | | Condi | go | -V | |
| NAME | JOHNSON, MARK | | 4.2 NAME | NAME | | HOWAS DAOMENT | | U 07/1 | 30 | į | |
| STREET ADDRESS | 933 MACARTHUR BLVD | | 4.3 STREET | | ESS O | 933 MacARTHUR BLVD., MAH | | U 0/4 | 30 | | |
| CITY-ST-ZIP | | | | | 30 | 10 Higgs account | | | | ☐ Addition | |
| TITLE | D | | 5.1 TITLE | | | | | Char | īĀ6 | | |
| NAME | PALIZZI, ANTHONY | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | 3100 W BIG BEAVER | | 5.3 STREET | | ESS | | | | | | |
| CITY-ST-ZIP | TROY MI | | 5.4 CITY- ST | T- ZIP | | | | | | | |
| TITLE | S | ☐ DELETE | 6.1 TITLE | | | | | Chan | ige | Addition | |
| NAME | RICHARDS, MAUREEN | <u> </u> | 6.2 NAME | | | • | | | | | |
| OTDEET ADDOESD | 033 MAC ARTHUR RIVD | | 6.3 STREET | TADDR | ESS | | | | | | |

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 to the empowered of the corporation 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 to the empowered 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 to the empowered of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i)

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 933 MAC ARTHUR BLVD

MAHWAH NJ

CR2E034 (11/98)