

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 # P94000065198 (1)
 1. Corporation Name
MELDISCO K-M 3800 OAKWOOD BLVD., FL., INC. #4166

Principal Place of Business 3800 OAKWOOD BLVD. HOLLYWOOD FL 33022	Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 09/06/1994	
4. FEI Number 22-3327094	Applied For Not Applicable
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 HAY ST.
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	85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, JOHN M.	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SOLKOFF, MARTIN	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WOJNO, THOMAS	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALIZZI, ANTHONY	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	KAKAR, MANOHAR	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JEFFREY A. SHEPARD		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	RANDALL S. PROFFITT		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	AT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	MARK JOHNSON		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	MAUREEN RICHARDS		
6.3 STREET ADDRESS	933 MACARTHUR BLVD, MAHWAH NJ 07430		
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.

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

CP2E034 (10/97)