

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

DOCUMENT # V24072 (3)

1. Corporation Name

MELDISCO K-M GOLDEN GATE PKWY., FL., INC.

#3852



Principal Place of Business

Mailing Address

4955 GOLDENGATE PKWY  
NAPLES FL 33999  
US

933 MACARTHUR BLVD  
MAHWAH NJ 07430-2045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1992

4. FEI Number

22-3164907

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE FL 32301

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 PD  
NAME SHEPARD, JEFFREY  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME PROFFITT, RANDALL S  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE AT  
NAME WOJNO, THOMAS  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AT  
NAME KAKAR, MANOHAR  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

AT  
MARK JOHNSON

TITLE D  
NAME PALIZZI, ANTHONY  
STREET ADDRESS 3100 W BIG BEAVER  
CITY-ST-ZIP TROY MI ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S  
NAME RICHARDS, MAUREEN  
STREET ADDRESS 933 MAC ARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE V T THOMAS WOJNO

APR 20 1998

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CR2E034 (10/97)