## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90068 025 \*\*\*150.00

## DOCUMENT # V61528

1. Corporation Name

MELDISCO K-M MURDOCK, FL., INC.

<u> </u>					
Principal Place of Business Mailing Address					
19400 TOLEDO BLADE RD 933 MACARTHUR BLVD.					
MURDOCK FL 3	13948	MANWAH NJ 07430			DO NOT WRITE IN THE CRACE
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 09/03/1992
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26	26		22-3191987 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State	<del></del>	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	ו		Personal Property Tax. Yes No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered Agent
				Name	ne J
UNITED STATES CORPORATION COMPANY			82 Street Address (P.O. Box Number is Not Acceptable)		
	HAYES ST		ou ou ou		et Address (1, O. Box Hamber is the Association)
l	E 105	Ĩ8			,
TALL	AHASSEE FL 32301		-	0	85 Zip Code
			84		<b>FL</b> [ ]
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					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 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 and title if applicable.				nt signature	re required when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEPARD, JEFFREY		1.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		1.3 STREE	T ADDRESS	ss
CITY-ST-ZIP	MAHWAH NJ 07430	<u> </u>	1.4 CITY-S	T-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PROFFITT, RANDALL S		2.2 NAME		
STREET ADDRESS	933 MACARTHUR BLVD.		2.3 STREE	T ADDRESS	SS
CITY-ST-ZIP	MAHWAH NJ		2.4 CITY-	ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PROFFITT, RANDALL S.,		3.2 NAME		
STREET ADORESS	933 MACARTHUR BLVD.		3.3 STREE	T ADDRESS	ss
CITY-ST-ZIP	MANWAH NJ 07430		3.4. CITY-3	ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	<del></del> -	Change Addition
NAME	RICHARDS, MAUREEN		4. 2 NAME		
STREET ADDRESS	COO MACADTINID DIVID			T ADDRESS	ss
	RAAANA/ALA NI I		4.4 CITY-S		,
CITY-ST-ZIP TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOJNO, THOMAS	<u> </u>	5.2 NAME		
) ]	933 MACARTHUR BLVD.		l	TADDRESS	ss
STREET ADDRESS	MANWAH NJ 07430	/	5.4 CITY-S		·· .
CITY-ST-ZIP		□ DELETE	6.1 TITLE		ASSI TOTAL Defining Addition
TITLE	AT IOUNICON MADY	FARELLE	6.2 NAME		Toolers (1000, mis).
NAME	JOHNSON, MARK			T ADORESS	THOMAS BAUMLIN 933 MacARTHUR BLVD., MAHWAH, NJ 07439
STREET ADDRESS	933 MACARTHUR BLVD.		1		ass Wacaelhar Rran" Myumayir in 6, 100
CITY-ST-ZIP	Manwah Nj		6.4 CITY-5	11-∠IP	

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.

SIGNATURE:

CR2E034 (11/98)