

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 394239 (8)

1. Corporation Name

MILES MELDISCO K-M OCALA, FLA., INC.

Principal Place of Business

3711 E. SILVER SPRINGS BLVD.
OCALA FL 32670

Mailing Address

933 MACARTHUR BLVD
MAHWAH NJ 07430
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/14/1972

3a. Date of Last Report

05/01/1995

4. FEI Number

22-1947054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 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 the corporation

(If the Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> DELETE
NAME	FALKOFF, MARTIN	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PALIZZI, ANTHONY	
STREET ADDRESS	3100 W.BIG BEAVER	
CITY-ST-ZIP	TROY MI	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, JOHN	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	WEINFUSS, STEWART	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	

TITLE	AT	<input 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

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

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

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

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change ☐ Addition

200001808392
-05/06/96--01020--023
***200.00

☒ Change ☐ Addition

P
Shepard, Jeffrey

☒ Change ☐ Addition

wojno, Thomas

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996

(201) 934-2000

Dir.

Electronic Filing

CR2E034 (12/95)