

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

DOCUMENT # 405962 (2)

1. Corporation Name  
MELDISCO K-M APALACHEE PKW., FLA, INC



Principal Place of Business  
1701 APALACHEE PKWY  
TALLAHASSEE FL 32301  
US

Mailing Address  
933 MACARTHUR BLVD.  
MAHWAH NJ 07430

3. Date Incorporated or Qualified 07/31/1972 3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 22-1970004 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 HAYS STREET  
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, if applicable, (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VST	FALKOFF, MARTIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
933 MACARTHUR BLVD.		1.3 STREET ADDRESS	
MAHWAH NJ		1.4 CITY - ST - ZIP	
PD	ROBINSON, JOHN	2.1 TITLE	P
933 MACARTHUR BLVD.		2.2 NAME	Shepard, Jeffrey
MAHWAH NJ		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
AT	WEINFUSS, STEWART	3.1 TITLE	
933 MACARTHUR BLVD.		3.2 NAME	wojno, Thomas
MAHWAH NJ		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
D	PALIZZI, ANTHONY	4.1 TITLE	
3100 W. BIG BEAVER		4.2 NAME	
TROY MI		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
AT	KAKAR, MANOHAR	5.1 TITLE	
933 MACARTHUR BLVD.		5.2 NAME	800001808388
MAHWAH NJ		5.3 STREET ADDRESS	-05/06/96--01020--022
		5.4 CITY - ST - ZIP	***200.00
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996 (201) 934-2000

CR2E034 (12/95)