

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 460899 (8)

1. Corporation Name

MELDISCO K-M VENICE, FLA., INC.

Principal Place of Business

1687 SOUTH BY PASS  
VENICE FL 33595

Mailing Address

933 MACARTHUR BLVD  
MAHWAH NJ 07430  
US



3. Date Incorporated or Qualified  
09/09/1974

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
22-2044765

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET  
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.

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD ☐ DELETE  
NAME FALKOFF, MARTIN  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY- ST- ZIP MAHWAH NJ

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

TITLE PD ☐ DELETE  
NAME ROBINSON, JOHN  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY- ST- ZIP MAHWAH NJ

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME P  
2.3 STREET ADDRESS shepard, Jeffrey  
2.4 CITY- ST- ZIP

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

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

TITLE AT ☐ DELETE  
NAME WEINFUSS, STEWART  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY- ST- ZIP MAHWAH NJ

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996

(201) 934-2000

CR2E034 (12/95)