

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sanora B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 497556 (1)

1. Corporation Name

MELDISCO K-M PORT ROYAL, FLA., INC.

4191



Principal Place of Business

19191 S. DIXIE HWY.  
MIAMI FL 33157

Mailing Address

933 MACARTHUR BLVD  
MAHWAH NJ 07430  
US

3. Date Incorporated or Qualified  
02/26/1976

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
22-2106924

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New 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 607.1503, 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

Sign above typed or printed name of registered agent and file applicable

NOTE: Registered Agent's signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  Change  Addition  
Shepard, Jeffrey

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  Change  Addition  
Wojno, Thomas  
5/1/95

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  Change  Addition  
300001808043  
-05/06/96--01012--052

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  Change  Addition  
\*\*\*200.00

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996

(201) 934-2000

CR2E034 (12/95)