


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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>503431</b> (9)		
1. Corporation Name <b>MELDISCO K-M FT. MYERS, FLA., INC.</b> 2168		

Principal Place of Business <b>383853 CLEVELAND AVE. S FT MYERS FL 33801 US</b>	Mailing Address <b>933 MACARTHUR BLVD. MAHWAH NJ 07430-2045</b>
--	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/18/1976</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>22-2109825</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	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 title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALIZZI, ANTHONY</b>	1.2 NAME	
STREET ADDRESS	<b>3100 W.BIG BEAVER</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TROY MI</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>FALKOFF, MARTIN</b></del>	2.2 NAME	<b>RANDALL S. PROFFITT</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, JEFFREY</b>	3.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOJNO, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>FALKOFF, MARTIN</b></del>	5.2 NAME	<b>MAUREEN RICHARDS</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	5.4 CITY - ST - ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAKAR, MANOHAR</b>	6.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: M. Signature REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **JAN 13 1997** Daytime Phone #: **(201) 934-2000**

CR2E034 (9/96)