

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 # 527829
1. Corporation Name

(b)

Meldisco K-M St. Augustine, Fla., Inc. (2403)

Principal Place of Business

Mailing Address

US Hwy. #1
St. Augustine FL 32084

933 MACARTHUR BLVD.
MAHWAH NJ 07430-2045



3. Date Incorporated or Qualified
03/15/1977

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

22-2144912

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

1.1 TITLE P
1.2 NAME Shepard, Jeffrey ☒ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME Wayne, Thomas ☒ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME 300001808343
4.3 STREET ADDRESS -05/06/96--01020--003
4.4 CITY-ST-ZIP ***200.00 ☐ Change ☐ Addition

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

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

Date

Daytime Phone