

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # 533808 (2)

1. Corporation Name
MELDISCO K-M MARGATE, FLA., INC.

2382

Principal Place of Business

Mailing Address

560 N STATE RD 7
MARGATE FL 33063
US

833 MACARTHUR BLVD.
MAHWAH NJ 07430-2045



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

24 25 29 30

3. Date Incorporated or Qualified

3a. Date of Last Report

05/17/1977

05/01/1996

4. FET Number

Applied For

Not Applicable

22-2153234

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
P SHEPARD, JEFFREY
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

TITLE ☐ DELETE

NAME
VST ~~FALKOFF, MARTIN~~
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

TITLE ☐ DELETE

NAME
AT WOJNO, THOMAS
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

TITLE ☐ DELETE

NAME
D ~~FALKOFF, MARTIN~~
STREET ADDRESS
933 MACARTHUR BLVD
CITY-ST-ZIP
MAHWAH NJ

TITLE ☐ DELETE

NAME
AT KAKAR, MANOHAR
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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

RANDALL S. PROFFITT

S MAUREEN RICHARDS

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13 1997

(201) 934-2000

Date

Daytime Phone #

CR2E034 (9/96)