

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 539880 (5)**

1. Corporation Name  
**MELDISCO K-M GAINESVILLE, FLA., INC.**

4647



Principal Place of Business

Mailing Address

**933 MACARTHUR BLVD.  
 MAHWAH NJ 07430**

**933 MACARTHUR BLVD  
 MAHWAH NJ 07430-2045  
 US**

3. Date Incorporated or Qualified **07/25/1977** 3a. Date of Last Report **05/01/1996**

4. FEI Number **22-2162303** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
 1201 HAYES ST  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>FALKOFF, MARTIN</b>	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PALIZZI, ANTHONY</b>	
STREET ADDRESS	<b>3100 W. BIG BEAVER</b>	
CITY - ST - ZIP	<b>TROY MI</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEPARD, JEFFREY</b>	
STREET ADDRESS	<b>933 MACARTHUR BLVD</b>	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>WOJNO, THOMAS</b>	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>KAKAR, MANOHAR</b>	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RANDALL S. PROFFITT</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>S MAUREEN RICHARDS</b>
6.3 STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>
6.4 CITY - ST - ZIP	<b>MAHWAH NJ 07430</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

JAN 9 1997 (201) 934-2000

Date Daytime Phone #

CR2E034 (9/96)