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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

543018

(6)

MELDISCO K-M ALTAMONTE SPRINGS, FLA., INC.

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



Principa Place	e of Business	Mailing Address			10000   81411 01000 11111 88404 11001 1011 61011 01044 01011 81011 81014 01041 1001		
951 W HWY 430 ALTAMONTE SP	6 Prings FL 32701	933 MACARTHUR BLVD. MAHWAH NJ 07430-2045			i i		
US					3. Date Incorporated or Qualified	3a. Date of Last Report	
					4.08/16/1977	-05/01/1996 Applied For	
,	lace of Business	2a. Mailing Address			4. YEI Normoer	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-2188317	CQ 75		
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	1	B. This corporation has liability for		
24	25	29 30	<u>)                                    </u>		, , , , , , , , , , , , , , , , , , , ,	Yes No	
	g, Name and Address of Curr	ent Registered Agent		<u> </u>	10. Name and Address of New R	agistered Agent	
LIMIT	ED STATES CORPORATION C	MPANY	81	Name	•		
1201 HAYS STREET			82	Street /	Address (P.O. Box Number is Not Acceptable)		
	E 105		83			· · · · · · · · · · · · · · · · · · ·	
TALLAHASSEE FL 32301			63				
1742	240,0000 1 0 0000		84	City		FL 85 Zip Code	
dd Olygania	to the agraining of Continue CO7 Of	502 and 607 1509 Florida Statutos	the above	a namod	corporation submits this statement for the		
office or r	registered agent for both, in the Sta	te of Florida. Such change was aut	horized by	y the corp	poration's board of directors. I hereby acce	ept the appointment as registered	
	im familiar with, and accept the obt	igations of, Section 607.0505, Fioric	a Statute	S.			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE: P	leg-stered Age	ont signature	required when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
THEF	n	DELETE	1.1 TITLE			Change Addition	
NAME	SHEPARD, JEFFREY		1.2 NAME	-			
STREET ADDRESS	933 MACARTHUR BLVD.		1.3 STREET	ADDRESS			
CITY-ST-ZP	MAHWAH NJ		1.4 City - 9	ST-ZIP			
Htt	VST	☐ DELETE	2.1 TITLE		V SAUDALL O DOCETITE	Change Addition	
NAME	FALKOFFA MARTIN-		2.2 NAME		RANDALL S. PROFFITT		
STREET ADDRESS	933 MACARTHUR BLVD.	•	2.3 STREET	ADDRESS			
CHTY-\$1-ZIP	MAHWAH NJ	D DELETE	2 4 CITY-	ST-ZIP	5.514.51.51.51.51.51.51.51.51.51.51.51.51.51.	Change Addition	
TITLE	D	☐ DELETE	31 TITLE	,		CT Outside CT Vocation	
NAME	PALIZZI, ANTHONY		3.2 NAME	I ADDRESS			
STREET ADDRESS	3100 W. BIG BEAVER		3.3 STREE 3.4 CITY-				
CHY-S1-24P TILE	TROY MI	DELETE	4.1 TITLE	31-217		Change Addition	
NAME	AT		4. 2 NAME				
STREET ADDRESS	WOJNO, THOMAS			T ADDRESS			
CHY-S1-7IP	933 MACARTHUR BLVD.		4.4 CITY-				
THUE	MAHWAH NJ	☐ DELETE	5.1 TITLE			Change Addition	
NAME.	AT		5.2 NAME				
STREET ADDRESS	KAKAR, MANOHAR		5.3 STREE	T ADDRESS			
C TY+ST+7/P	933 MACARTHUR BLVD.		5.4 CITY-			·	
THUE	MAHWAH NJ	☐ DELETE	6.1 TITLE		S MAUREEN RICHA	APDC Change Addition	
NAME			6.2 NAME				
STREET ACCORESS			6.3 STREE	T ADDRESS	933 MAC ARTHUR I		
CHY-ST-ZIP			6.4 CITY-	ST-ZIP	MAHWAH, N.J. 0743	30	

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.

JAN 1 3 1997

(201) 934-2000

Daytime Phone #