

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 555256 (7)

1. Corporation Name

MELDISCO K-M PALATKA, FLA., INC.

2541



Principal Place of Business

Mailing Address

111 TOWN & COUNTRY DRIVE  
PALATKA FL 32077

933 MACARTHUR BLVD  
MAHWAH NJ 07430-2045  
US

3. Date Incorporated or Qualified

12/13/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

22-2183620

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 HAYES STREET  
STE. 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 submitting)

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-STATE-ZIP TROY MI

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
800001808438  
-05/06/96--01020--047  
\*\*\*200.00

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

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

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

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

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME P  
Shepard, Jeffrey  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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

CR2E034 (12/95)