

**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 # **636194** (3)  
1. Corporation Name  
**MELDISCO K-M WINTER HAVEN, FLA., INC.**  
2911



Principal Place of Business: **2008 EIGHT ST NW HWY 17 WINTER PARK FL 32880 US**  
Mailing Address: **933 MACARTHUR BLVD. MAHWAH NJ 07430**

3. Date Incorporated or Qualified: **09/14/1979**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)  
Suite, Apt. #, etc. (22)  
City & State (23)  
Zip (24) Country (25)  
2a. Mailing Address (26)  
Suite, Apt. #, etc. (27)  
City & State (28)  
Zip (29) Country (30)

4. FEI Number: **22-2269961**  
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  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, JOHN</b>	1.2 NAME	<b>Shepard, Jeffrey</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALKOFF, MARTIN</b>	2.2 NAME	
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	2.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINFUSS, STEWART</b>	3.2 NAME	<b>wojno, Thomas</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAHWAH NJ</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALIZZI, ANTHONY</b>	4.2 NAME	
STREET ADDRESS	<b>3100 W. BIG BEAVER</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TROY MI</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAKAR, MANOHAH</b>	5.2 NAME	<b>000001808340</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>	5.3 STREET ADDRESS	<b>-05/06/96--01019--009</b>
CITY - ST - ZIP	<b>MAHWAH NJ</b>	5.4 CITY - ST - ZIP	<b>***200.00</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>S-I-JP</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)