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

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

IRWIN AVE. NE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 636195

(0)

MELDISCO K-M FT. WALTON BEACH, FLA., INC.

Mailing Address 933 MACARTHUR BLVD.

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



| FT WALTON BCH FL 32548<br>US |  | MAHWAH NJ 07430-2045   |  |  |  |   |  |
|------------------------------|--|--|--|--|--|---|--|
|                              |  |  |  |  | 3. Date Incorporated or Qualified 09/14/1979   | 3a. Date of Last Report<br>05/01/1996                                 |  |
| 2. Principal I               | lace of Business   | 2a. Mailing Address  | ***************************************          |  | 4. FEI Number<br>22-2269964  | Applied For   |  |
| 21                           |  | 26   |  |  | 22-2209904   | Not Applicable  |  |
| Suite Apt<br><sup>_</sup> -1 | #, etc   | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desired   | \$8.75 Additional   |  |
| City & Sta                   | 10   | City & State   |  |  |  | Fee Required  |  |
| 23                           | ie   | 28   |  |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees   |  |
| <b>2</b> 3)                  | Country  | Zip  | Countr   | <del></del>                            | · · · · · · · · · · · · · · · · · · ·  |   |  |
| 24                           | 25   | 29   | 30   |  | 8. This corporation has liability for intrifigible tax under s. 199.032, Florida Statutes  |   |  |
|                              | 9. Name and Address of Curre   | nt Registered Agent  | 15.1   |  | 10. Name and Address of New Re   | pistered Agent  |  |
|                              | TED STATES CORPORATION CO  | OMPANY   | 81   | Name                                   |  |   |  |
| 1201 HAYS STREET             |  |  | 82   | Street Ado                             | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
| SUITE 105                    |  |  |  | ON OUT AGE                             | and the second of the second o |   |  |
| IAL                          | LAHASSEE FL 32301  |  | 83   |  |  |   |  |
|                              |  |  | 84   | City                                   |  | 85 Zip Code   |  |
|                              |  |  | 1  |  |  |   |  |
| office or<br>agent. L        | t to the previsions of Sections 607.05<br>registered agent, or both, in the Stat<br>am familiar with, and accept the obliq | 02 and 607.1508, Florida Statu<br>e of Florida. Such change was<br>gations of, Section 607.0505, F | utes, the abov<br>authorized b<br>lorida Statute | e-named cor<br>y the corpora<br>s.     | poration submits this statement for the pation's board of directors. Hereby accep  | urpose of changing its registered<br>it the appointment as registered |  |
| SIGNATURE                    | Signature, typed or proted name of registered ap   | and and the state to the Aug   | YC Desistant A                                   |  | ulred when reinstating)  | DATE  |  |
| 12.                          | OFFICERS AN  | ND DIRECTORS   | 13.  | en signature redu                      | ADDITIONS/CHANGES TO OFFIC   | ······································                                |  |
| TILE                         | PD   | ☐ DELETE   | 1.1 TITLE  | ······································ | ADDITIONO OF THE OFFICE  | Change Addition   |  |
| NAME                         | SHEPARD, JEFFREY   |  | 1.2 NAME   |  | •  |   |  |
| STREET ADDRESS               | 833 MACARTHUR BLVD.  |  | 1.3 STREE  | ADDRESS                                |  |   |  |
| CITY-ST 7-P                  | MAHWAH NJ  |  | 1.4 CITY-  | ST - ZIP                               |  |   |  |
| MLF                          | STV  | DELETE   | 2.1 TITLE  |  | V  | Change Addition   |  |
| NAME                         | FALKOPE AMARTIN  |  | 2 2 NAME   | '                                      | RANDALL S. PROFFITT  |   |  |
| STREET ADORESS               | 933 MACARTHUR BLVD.  |  | 2 3 STREE  | ADDRESS                                | (t) ii (b) iam or i (c)  |   |  |
| CITY - S1 - ZiP              | MAHWAH NJ  |  | 2 4 CITY-  | ST-ZIP                                 | ·  |   |  |
| 1-11/E                       | MO NO THOMAS   | ☐ DELETE   | 3.1 TITLE  |  |  | Change Addition   |  |
| NAME                         | WOJNO, THOMAS<br>933 MACARTHUR BLVD.   |  | 3.2 NAME   | ĺ                                      |  |   |  |
| STREET ADDRESS               | MAHWAH NJ  |  | 3.3 STREE  | ADDRESS                                |  |   |  |
| CHY-ST-ZP                    | AT   | ·  | 3.4. CITY -                                      | ST-ZIP                                 |  |   |  |
| 1 11.1                       | KAKAR, MANOHAR   | DELETE   | 41 TITLE   |  | •  | Change Addition   |  |
| NAME:                        | 933 MACARTHUR BLVD.  |  | 4. 2 NAME  |  |  |   |  |
| STREET ADDRESS               | MAHWAH NJ  |  | 4.3 STREE  | ADDRESS                                |  |   |  |
| CHY-SI-7P                    |  |  | 4.4 City-  | ST-ZIP                                 |  |   |  |
| 1 [[[                        | PALIZZI, ANTHONY   | ☐ DELETE   | 51 TITLE   |  |  | Change Addition   |  |
| NAME                         | 3100 W BIG BEAVER  |  | 52 NAME  |  |  |   |  |
| STREET ADDRESS               | TROY, MI .   |  | 53 STREE   |  |  |   |  |
| CHY ST-ZP                    |  | OELETE   | 5.4 CITY -                                       |  |  | Charma A Alabatan   |  |
| T ILF                        |  | ויין הנדבור  | 61 TITLE   |  | MATTREEN RICHAL  | Change Addition   |  |
| NAME<br>Page 1 Appendice     |  |  | 6.2 NAME   | ľ                                      | MAUREEN RICHAL<br>933 MAC ARTHUR B   | ĬĮVĎ.   |  |
| STREET ADORESS               |  |  | 63 STREE   |  | 933 MACARTHOR D  | n   |  |
| CITY - ST-7-P                |  |  | 64 CITY-   | ST-ZIP                                 | MAHWAH N.J. 0743   | V   |  |

14. Lob hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this armual 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:** 

JAN 1 0 1997

Liste

(201) 934-2000

Daytime Phone #