

**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 # **660493** (8)

1. Corporation Name  
**MELDISCO K-M LAKELAND, FL., INC.**

*3423*



Principal Place of Business: **4275 US 96 NORTH LAKELAND FL 33805**  
 Mailing Address: **4275 US 96 NORTH LAKELAND FL 33809-3827**

3. Date Incorporated or Qualified: **03/26/1980**  
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21**  
 2a. Mailing Address: **26 933 Macarthur Blvd.**

4. FEI Number: **22-2209918**  
 Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23 Mahwah NJ**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24 07436** Country: **25**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SHEPARD, JEFFREY</b>                    | 1.2 NAME  |  |
| 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>VST</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FALKOFF, MARTIN</b>                     | 2.2 NAME  | <b>RANDALL S. PROFFITT</b>   |
| 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> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>WOJNO, THOMAS</b>                       | 3.2 NAME  |  |
| 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> <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FALKOFF, MARTIN</b>                     | 4.2 NAME  | <b>MAUREEN RICHARDS</b>  |
| STREET ADDRESS             | <b>933 MACARTHUR BLVD</b>                  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>MAHWAH NJ</b>                           | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PALIZZI, ANTHONY</b>                    | 5.2 NAME  |  |
| STREET ADDRESS             | <b>3100 W. BIG BEAVER</b>                  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>TROY MI</b>                             | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>AT</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>KAKAR, MANOHAR</b>                      | 6.2 NAME  |  |
| STREET ADDRESS             | <b>933 MACARTHUR BLVD.</b>                 | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>MAHWAH NJ</b>                           | 6.4 CITY - ST - ZIP                                   |  |

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.

SIGNATURE: \_\_\_\_\_ **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 10 1997** (201) 934-2000

Date Daytime Phone #

CP2E034 (9/96)