

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

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **674739** (8)

1. Corporation Name

**MELDISCO K-M CLERMONT, FLA., INC.** 4123



Principal Place of Business

Mailing Address

1002 E. HWY. 50  
CLERMONT FL 34711

1002 E. HWY. 50  
CLERMONT FL 34711

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

22-2312667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 director applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **ROBINSON, JOHN**  
CITY-ST-ZIP **933 MACARTHUR BLVD.**  
**MAHWAH NJ**

TITLE ☐ DELETE

NAME **VSD**  
STREET ADDRESS **FALKOFF, MARTIN**  
CITY-ST-ZIP **933 MACARTHUR BLVD.**  
**MAHWAH NJ**

TITLE ☐ DELETE

NAME **AT**  
STREET ADDRESS **WEINFUSS, STEWART**  
CITY-ST-ZIP **933 MACARTHUR BLVD.**  
**MAHWAH NJ**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **PALIZZI, ANTHONY**  
CITY-ST-ZIP **3100 W. BIG BEAVER**  
**TROY MI**

TITLE ☐ DELETE

NAME **AT**  
STREET ADDRESS **KAKAR, MANOHAR**  
CITY-ST-ZIP **933 MACARTHUR BLVD.**  
**MAHWAH NJ**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Shepard, Jeffrey**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Wojno, Thomas**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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

Date

Daytime Phone

CR2E034 (12/95)