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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 # 674739 (8)

1. Corporation Name
MELDISCO K-M CLERMONT, FLA., INC.

1123

Principal Place of Business
1002 E. HWY. 50
CLERMONT FL 34711

Mailing Address
1002 E. HWY. 50
CLERMONT FL 34711-3239



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1980		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-2312667		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City			
				FL b5 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	PD	1.1 TITLE	
NAME	SHEPARD, JEFFREY	1.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MAHWAH NJ	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	
NAME	FALKOFF, MARTIN	2.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAHWAH NJ	2.4 CITY - ST - ZIP	
TITLE	AT	3.1 TITLE	
NAME	WOJNO, THOMAS	3.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MAHWAH NJ	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	PALIZZI, ANTHONY	4.2 NAME	
STREET ADDRESS	3100 W. BIG BEAVER	4.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	
NAME	KAKAR, MANOHAR	5.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MAHWAH NJ	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

6 MAUREEN RICHARDS
933 MACARTHUR BLVD.
MAHWAH, N.J. 07430

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 01 1997

(201) 934-2000

Date

Daytime Phone #

CR2E034 (9/96)