

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 696246

1. Corporation Name

Meldisco K-M Delray Beach, Fla., Inc.
(3198)

Principal Place of Business

14539 Military Trail
Delray Beach Fl.
33445

Mailing Address

933 MACARTHUR BLVD.
MAHWAH NJ 07430-2045

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

22-2364360

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

* UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, JOHN
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ
TITLE	STV
NAME	FALKOFF, MARTIN
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ
TITLE	AT
NAME	WEINFUSS, STEWART
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ
TITLE	AT
NAME	KAKAR, MANOHAR
STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP	MAHWAH NJ
TITLE	D
NAME	PALIZZI, ANTHONY
STREET ADDRESS	3100 W. BIG BEAVER
CITY - ST - ZIP	TROY MI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12 NAME	9000014814351
13 STREET ADDRESS	05/11/95 - 01001 - 005
14 CITY - ST - ZIP	***200.00 ***200.00
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 the 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHWAH NJ

APR 26 1995

(201) 934-2600