

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

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 696246 (8)

1. Corporation Name

MELDISCO K-M DELRAY BEACH, FLA., INC.

Principal Place of Business

14539 MILITARY TRAIL
DELRAY BEACH FL 33445

Mailing Address

933 MACARTHUR BLVD
MAHWAH NJ 07430-2045
US



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/28/1981 | 3a. Date of Last Report 05/01/1995 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 22-2364360 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. 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

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 type for person named in registered agent's name (if applicable)

(NOTE: Registered Agent Signature required when not applicable)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, JOHN | 1.2 NAME | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAHWAH NJ | 1.4 CITY-ST-ZIP | |
| TITLE | STV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEINFUSS, STEWART | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996

(201) 934-2000

CR2E034 (12/95)