FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 696246

(8)

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

Princ-pal	Place of	Business

Mailing Address

14539 MILITARY TRAIL

933 MACARTHUR BLVD MAHWAH NJ 07430-2045

FILED May 15 1997 8:00am Secretary of State



DELINI DEN	arte samo	US				3. Date Incorporated or Qualified 07/28/1981		ate of L 01/19	ast Rep	xort
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	1/	1		lied For
21		26				22-2364360		-		Applicable
Suite, Ap	t.#, etc.	Suite, Apt. #, etc.					r~	\$8.	_	iditional
2		27				5. Certificate of Status Desired			ee Req	
City & St.	ate	City & State	······································			6. Election Campaign Financing		\$5	.00 N	lav Be
3		28				Trust Fund Contribution			ided to	
Zip	Country	Zip	Col	intry	,	8. This corporation has liability for	nta/ngible	tax un	der s. 1	199.032,
4	25	29	30				Yes [
	9. Name and Address of Curre			Ι.,		10. Name and Address of New Re	gistered .	Agent		
	ITED STATES CORPORATION CO	OMPANY		81	Name					
120)1 HAYES STREET			82	Street Adr	Iress (P.O. Box Number is Not Acceptab	le)			
	E. 105				01/2011130					
TAL	LAHASSEE FL 32301			83						
				0.4	City	<u> </u>		TAFT	Zin C	n d o
				84	City		FL	85	Zip Co	JGG
SIGNATURE	Supplies typed or printed har a of registered as	gent and title if applicable (NO ND DIRECTORS	TE: Registere	d Age	ant signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND) DIRF	CTORS	IN 12
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or regarder			070	,,,,,,,,	r 611	MAHWAH NI DIM	<u> </u>			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/ti), Florida Statutes. 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 Black 12 or Black 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 1 0 1997

(201) 934-2000