

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **696694** (9)

1. Corporation Name  
**MELDISCO K-M N.W. 2ND AVE., FLA., INC.**



Principal Place of Business: **9903 MILITARY TRAIL BOYNTON BCH. FL 33436 US**  
Mailing Address: **933 MACARTHUR BLVD. MAHWAH NJ 07430**

3. Date Incorporated or Qualified: **07/30/1981**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: **22-2364357**  
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

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)  
81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Type or print name of registered agent and the applicant. (NOT: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: ROBINSON, JOHN STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: Shepard, Jeffrey
TITLE: VST NAME: FALKOFF, MARTIN STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AT NAME: WEINFUSS, STEWART STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> DELETE	3.1 TITLE: woyko, Thomas
TITLE: D NAME: FALKOFF, MARTIN STREET ADDRESS: 933 MACARTHUR BLVD CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PALIZZI, ANTHONY STREET ADDRESS: 3100 W. BIG BEAVER CITY-ST-ZIP: TROY MI	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AT NAME: KAKAR, MANOHAR STREET ADDRESS: 933 MACARTHUR BLVD. CITY-ST-ZIP: MAHWAH NJ	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

700001808357  
-05/06/96--01019--019  
\*\*\*200.00  
5-1-96

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: \_\_\_\_\_ APR 16 1996 (201) 934-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)