

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.

3003

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

4. FEI Number
22-2364357

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

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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 607.1506, 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

Signature, typed or printed name of registered agent and the date of appointment

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, JOHN | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY- ST- ZIP | MAHWAH NJ | |
| TITLE | VST | <input type="checkbox"/> DELETE |
| NAME | FALKOFF, MARTIN | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY- ST- ZIP | MAHWAH NJ | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | WEINFUSS, STEWART | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY- ST- ZIP | MAHWAH NJ | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FALKOFF, MARTIN | |
| STREET ADDRESS | 933 MACARTHUR BLVD | |
| CITY- ST- ZIP | MAHWAH NJ | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PALIZZI, ANTHONY | |
| STREET ADDRESS | 3100 W. BIG BEAVER | |
| CITY- ST- ZIP | TROY MI | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | KAKAR, MANOHAR | |
| STREET ADDRESS | 933 MACARTHUR BLVD. | |
| CITY- ST- ZIP | MAHWAH NJ | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Shepard, Jeffrey | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY- ST- ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY- ST- ZIP | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | wojto, Thomas | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY- ST- ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 700001808357 | |
| 5.4 CITY- ST- ZIP | -05/06/96--01019--019 | |
| | ***200.00 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 on 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)