

**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 # F28784 (9)**

1. Corporation Name

**MELDISCO K-M MISSION BELL, FLA., INC.**

Principal Place of Business

**12701 N. DALE MABRY HWY.  
TAMPA FL 33618  
US**

Mailing Address

**933 MACARTHUR BLVD.  
MAHWAH NJ 07430**



3. Date Incorporated or Qualified

**04/07/1981**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

**22-2349967**

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

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 607.1508, 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 state of agent

(NOTE: Registered Agent signature is required when reappointing)

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	Wojcik, 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		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

**400001808354**

**-05/06/96--01019--007**

**\*\*\*200.00**

**5-1-96**  
**JK**

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)