

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 # H80885 (7)

1. Corporation Name

MELDISCO K-M CLEWISTON, FL., INC.

Principal Place of Business

955 SUGARLAND HWY.
CLEWISTON FL 33440

Mailing Address

933 MACARTHUR BLVD
MAHWAH NJ 07430
US



3. Date Incorporated or Qualified
10/15/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
22-2649366

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 date

(NOTE: Registered Agent signature required when name is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
PD
ROBINSON, JOHN
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
Shepard, Jeffrey

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
VST
FALKOFF, MARTIN
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
AT
WEINFUSS, STEWART
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
wojno, Thomas

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
D
FALKOFF, MARTIN
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
000001808390
-05/06/96--01019--038
***200.00

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
D
PALIZZI, ANTHONY
STREET ADDRESS
3100 WW. BIG BEAVER
CITY-ST-ZIP
TROY MI

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
AT
KAKAR, MANOHAR
STREET ADDRESS
933 MACARTHUR BLVD.
CITY-ST-ZIP
MAHWAH NJ

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
5-1-96
JR

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 199.07(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)