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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**



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

DOCUMENT # **H97205 ( )**  
1. Corporation Name  
**Meldisco K-M Oldsmar, Fl., Inc.  
(3416)**

Principal Place of Business Mailing Address  
**3801 State Rcl. 586  
Oldsmar, Fl.  
33557** **933 MACARTHUR BLVD.  
MAHWAH NJ 07430-2045**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

3. Date Incorporated or Qualified <b>02/03/1996</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>22-2685671</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ROBINSON, JOHN</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>
CITY - ST - ZIP	<b>MAHWAH NJ</b>
TITLE	<b>STV</b>
NAME	<b>FALKOFF, MARTIN</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>
CITY - ST - ZIP	<b>MAHWAH NJ</b>
TITLE	<b>AT</b>
NAME	<b>WEINFUSS, STEWART</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>
CITY - ST - ZIP	<b>MAHWAH NJ</b>
TITLE	<b>AT</b>
NAME	<b>KAKAR, MANOHAR</b>
STREET ADDRESS	<b>933 MACARTHUR BLVD.</b>
CITY - ST - ZIP	<b>MAHWAH NJ</b>
TITLE	<b>D</b>
NAME	<b>PALIZZI, ANTHONY</b>
STREET ADDRESS	<b>3100 W. BIG BEAVER</b>
CITY - ST - ZIP	<b>TROY MI</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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	

*BY 5-1*

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 110.07(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 007, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: M. Manohar  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANOHAR KAKAR APR 26 1995 (201) 934-2000