

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H97205 (9)

1. Corporation Name
MELDISCO K-M OLDSMAR, FL., INC.
3416



Principal Place of Business 3801 STATE RD. 586 OLDSMAR FL 33557	Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430-2045 US
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3. Date Incorporated or Qualified 02/03/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 22-2685671	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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				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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPARD, JEFFREY		1.2 NAME	
STREET ADDRESS 933 MACARTHUR BLVD.		1.3 STREET ADDRESS	
CITY - ST - ZIP MAHWAH NJ		1.4 CITY - ST - ZIP	
TITLE STV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALKOFF, MARTIN		2.2 NAME	RANDALL S. PROFFITT
STREET ADDRESS 933 MACARTHUR BLVD.		2.3 STREET ADDRESS	
CITY - ST - ZIP MAHWAH NJ		2.4 CITY - ST - ZIP	
TITLE AT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOJNO, THOMAS		3.2 NAME	
STREET ADDRESS 933 MACARTHUR BLVD.		3.3 STREET ADDRESS	
CITY - ST - ZIP MAHWAH NJ		3.4 CITY - ST - ZIP	
TITLE AT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAKAR, MANOHAR		4.2 NAME	
STREET ADDRESS 933 MACARTHUR BLVD.		4.3 STREET ADDRESS	
CITY - ST - ZIP MAHWAH NJ		4.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALIZZI, ANTHONY		5.2 NAME	
STREET ADDRESS 3100 W BIG BEAVER		5.3 STREET ADDRESS	
CITY - ST - ZIP TROY MI		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S MAUREEN RICHARDS
STREET ADDRESS		6.3 STREET ADDRESS	933 MACARTHUR BLVD.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	MAHWAH, N.J. 07430

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **REQUIRE** _____ Date: **JAN 10 1997** Daytime Phone #: **(201) 934-2000**

CR2E034 (9/96)