## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT , CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

MELDISCO K-M WINTER SPRINGS, FL., INC.

Mailing Address

Principal Place of Business 1425 TUSKAWILLA RD 933 MACARTHUR RIVE



unit 225 Winter S Us	PRINGS FL 32708	MAHWAH NU 074	30-2045	3. Date Incorporated or Qualified	20 0-1-1
				05/04/1990	3a. Date of Last Report 05/01/1995
_2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		22-3046714	Not Applicable
Suite, Apt. #		Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
Zip		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
24]	Country	Zip	Country	8. This corporation has liability for	Intangible tax under s. 199 032
	25   9. Name and Address of Current	29	30	Florida Statutes 🔼 Yes	: □No
	J. Hame and Address of Current	negistered Agent		10. Name and Address of New F	Registered Agent
LIMITE	D STATES CORPORATION COM	DANN	81 Nam	63	
1201 6	JOINTES CORPORATION COM	PANY	82 Stre	et Address (P.O. Box Number is Not Acceptal	No.
1201 HAYES ST SUITE 105			L., I		леу
			83		
IALLAI	HASSEE FL 32301		<b>84</b> City		
			1 1 7		FI 85 Zip Code
or registere	title provisions of Sections 607,0502 and arrent or both in the State - 15 and arrent	and 607.1508, Florida Statu	ites, the above named	corporation submits this statement for the pur is board of directors. Thereby accept the app	
SIGNATURES	gnature typed or protest raper of registration agest an OFFICERS AND	officiarioani, iN	OTE Registered Agent signatur		CATE
ITLE	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	ROBINSON, JOHN	[ ] Dett if	1 1 TIFLE	<u> </u>	Change  Addition
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	MAHWAH NJ		13 STREET ADDRESS	7-1-1	
HTLE	STV		1.4 City ST-ZiP		
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	MALRAVALI ALL		2.3 STREET ADDRESS		_ · · <b>_</b>
CITY - ST - ZIP	MAHWAH NJ				
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period of the specimental annual report is true and accurate and that my signature shall have the same logal effect as if made under period of the receiver or trusted empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name on an attachment with an address.

SIGNATURE: 5

SIGNATURE AND TYPED OR DRING OF SIGNING OFFICER OR DIRECTOR

APR 1 6 1996 (201) 934-2000 Daytine Phone #