
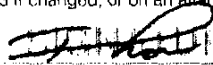


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 | |
|---|--|---|--|
| DOCUMENT # M95869 (7) 1. Corporation Name MELDISCO K-M 1140 E. JOHN SIMS PKWY., FL., INC. 3545 | | | |
| Principal Place of Business 833 MACARTHUR BLVD. MAHWAH NJ 07430 | | Mailing Address 833 MAC ARTHUR BLVD MAHWAH NJ 07430-2045 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Zip | |
| 24 Country | | 29 Country | |
| 25 | | 30 | |
| 3. Date Incorporated or Qualified 08/25/1988 | | 3a. Date of Last Report 05/01/1996 | |
| 4. FEI Number 22-2917061 | | 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 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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE <input type="checkbox"/> DELETE | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME AT WOJNO, THOMAS | | 1.2 NAME | |
| STREET ADDRESS 833 MACARTHUR BLVD. | | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP MAHWAH NJ | | 1.4 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME P SHEPARD, JEFFREY | | 2.2 NAME | |
| STREET ADDRESS 833 MACARTHUR BLVD | | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP MAHWAH NJ | | 2.4 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME DVS FALKOFF, MARTIN | | 3.2 NAME RANDALL S. PROFFITT | |
| STREET ADDRESS 833 MACARTHUR BLVD. | | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP MAHWAH NJ | | 3.4 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME D PALIZZI, ANTHONY | | 4.2 NAME | |
| STREET ADDRESS 3100 WEST BIG BEAVER | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP TROY MI | | 4.4 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME AT KAKAR, MANOHAR | | 5.2 NAME | |
| STREET ADDRESS 833 MACARTHUR BLVD | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP MAHWAH NJ | | 5.4 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME S MAUREEN RICHARDS | | 6.2 NAME | |
| STREET ADDRESS 933 MAC ARTHUR BLVD. | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP MAHWAH, N.J. 07430 | | 6.4 CITY- ST- ZIP | |
| 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:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |
| Date: JAN 10 1997 Daytime Phone: (201) 934-2000 | | | |

CR2E034 (9/96)