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**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 # P93000022448 (3)

MELDISCO K-M 6015 CYPRUS GARDENS BLVD., FL., INC

4016



Principal Place of Business Mailing Address

**6015 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884
US**

**933 MACARTHUR BLVD
MAHWAH NJ 07430-2045
US**

3. Date Incorporated or Qualified 03/25/1993	3a. Date of Last Report 05/01/1996
4. Fed. Number 22-3223976	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	

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
25	30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when re-stating) 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	PO 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSTD 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PALIZZI, ANTHONY	5.2 NAME	
STREET ADDRESS	933 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		6.2 NAME	S MAUREEN RICHARDS
STREET ADDRESS		6.3 STREET ADDRESS	933 MACARTHUR BLVD,
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MAHWAH NJ 07430

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(b), 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

MAY 10 1997 (201) 934-2000
Date Daytime Phone

CR2E034 (9/96)