

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000061165 (5)**

1. Corporation Name
MELDISCO K-M 4140 TOWN CENTER BLVD., FL., INC.

4090



Principal Place of Business: **ONE THEALL ROAD RYE NY 10580**
Mailing Address: **933 MACARTHUR BLVD MAHWAH NJ 07430 US**

3. Date Incorporated or Qualified: **09/01/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **4140 Town Center Blvd**
2a. Mailing Address: Suite, Apt. #, etc.
23. City & State: **Orlando FL**
24. Zip: **32837**

4. FEI Number: **22-3255744**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
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. Thereby 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 rechartering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN	1.2 NAME	Shepard, Jeffrey
STREET ADDRESS	933 MACARTHUR BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MAHWAH NJ	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALKOFF, MARTIN	2.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAHWAH NJ	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINFUSS, STEWART	3.2 NAME	Wojno, Thomas
STREET ADDRESS	933 MACARTHUR BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MAHWAH NJ	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAKAR, MANOHAR	4.2 NAME	5/1/96
STREET ADDRESS	933 MACARTHUR BLVD	4.3 STREET ADDRESS	OW
CITY - ST - ZIP	MAHWAH NJ	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	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	600001808036
CITY - ST - ZIP	TROY MI	5.4 CITY - ST - ZIP	-05/06/96--01012--045
TITLE		5.5 CITY - ST - ZIP	***200.00
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 119.07(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; and that I am 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

APR 16 1996 (201) 934-2000

CR2E034 (12/95)