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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000016585 (9)

DOCUMENT # 1. Corporation Name MELDISCO K-M 10501 PINES BLVD., FL., INC.

Principal Place of Business Mailing Address



| one Theall Rd. Rye ny 10580 | | 933 Magarthur Blvd Mahwah nj 07430 | | | | |
|---|--|---|---------------------------|-----------------------------|---|---|
| | | | | | 3. Date Incorporated or Qualified 03/02/1994 | 3a. Date of Last Report 05/01/1995 |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number 22-3286686 | Applied For |
| 21 10501 Pines Blud. | | 26 | | 22-3200000 | Not Applicable | |
| Suite, Apt. #, e'c | | Suite Apt. #, etc. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State Pemb | nohe Prines Fl | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| | | Zip 29 | Country 30 | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No | |
| | 9. Name and Address of Curren | t Registered Agent | 81 | | 10. Name and Address of New R | egistered Agent |
| UNITED STATES CORPORATION COMPANY | | | | Name | | |
| 1201 H | HAYS ST. | IFANI | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | le) |
| Suite 105 Tallahassee FL 32301 | | | 83 | | | |
| IALLA | MASSEE PL 32301 | | 84 | City | | FL 85 Zip Code |
| or registere familiar wit | ed agent, or both, in the State of Floric n, and accept the obligations of, Secti | la. Such change was authoriz on 607.0505, Florida Statutes | ed by the corp | amed corpo oration's boa | ration submits this statement for the pur ed of directors. Thereby accept the appo | pose of changing its registered office ointrient as registered agent. I am |
| - | Signature, typed or printed name of registered against | | WE Engistered Agen | lis gnature regare | | DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | |
| TITLE | ROBINSON, JOHN M | ☐ DELETE | 1 1 DILE 12 NAME | | | Change Addition |
| NAME STREET ADDRESS | D22 MACADTHI ID BOI II EVADO | | | ADORESS | | |
| CITY-ST-ZIP | MAHWAH NJ 07430 | | 1.4 CHY-S | | | |
| THILE | VSTD | DELETE | 2 1 TITLE | | | Change Addition |
| NAME | FALKOFF, MARTIN | | 2 2 NAME | | | |
| STREET ADDRESS | 933 MACARTHUR BOULEV | ARD | 23 STREET | ADDRESS | | |
| CITY - ST - ZIP | MAHWAH NJ 07430 | · | 24 CIT+-S | T - ZIP | · | |
| THLE | PROFFITT, RANDALL S | ☐ DELETE | 3 1 THILE | | | Change Addition |
| NAME | 933 MACARTHUR BOULEV | ARD | 3.2 NAME | | | |
| STREET ADDRESS | MAHWAH NJ 07430 | | 33 STREET | | | |
| CITY-ST-ZIP TITLE | ASAT | ☐ DELETE | 3.4 CITY - S 4.1 TITLE | T ZIP | | ☐ Change ☐ Addition |
| NAME | WEINFUSS, STEWART | — | 4.2 NAME | | | |
| STREET ADDRESS | 933 MACARTHUR BOULEV | ARD | 4.3 STREET | ADDRESS | 90000180 | nonoa |
| CITY-ST-ZIP | MAHWAH NJ 07430 | | 4 4 CI1Y - S | 1 - 21P | -05/06/96010 | 112048 |
| THILE | AT MANAGEMENT | ☐ DELETE | 5 1 Till£ | | ***200 . 00 | Change 🔲 Addit on |
| NAME | KAKAR, MANOHAR | ADD | 5.2 NAME | | *** | 511 172 |
| STREET ADDRESS | 933 MACARTHUR BOULEV MAHWAH NJ 07430 | אחט | 5 3 STREET | | | 1 MM |
| CITY-ST-ZIP | AT | Fincial | 5 4 CHY - S | 1 - ZIP | | — Denote V |
| TITLE NAME | WOJNO, THOMAS | DELETE | 6 1 THE | | | Change Addition |
| NAMI: STREET ADDRESS | 933 MACARTHUR BOULEV | ARD | 6.2 NAME 6.3 STREET | VDD0466 | | |
| CITY - ST - 7IP | MAHWAH NJ 07430 | | 64 City - S | | | |

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 easylemental 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 enipowered 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 man attachment with an address.

SIGNATURE:

TED MANE OF SIGNING OFFICER OR DIRECTOR

APR 16 1996