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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000016585 (9)

MELDISCO K-M 10501 PINES BLVD., FL., INC.

Principal Place of Business Mailing Address 10501 PINES BLVD. 10501 PINES BLVD.

FILED May 15 1997 8:00am Secretary of State



PEMBROKE PIN	ES FL 33026	PEMBROKE PINES FL 33026-6006			ļ			
					3. Date Incorporated or Qualified 03/02/1994		ate of La 01/199	ist Report
2. Principal Flace of Business		28. Malling Address 26. 933 Macathur Blud.		4. FEI Number			Applied For	
21		26 433 Macar	MUS	- ION	J. 22-3286686	· -		Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required
City & Stat		City & State 28 Mahwah	n	2	Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip 4	Country 25	29 07U3D 3	Country	'] Yes [□ No	ler s. 199.032,
······	Name and Address of Current			······	10. Name and Address of New Re	gistered	Agent	
1201	IED STATES CORPORATION COM 1 HAYS ST. IE 105	IPAN Y	82		dress (P.O. Box Number is Not Acceptat	ole)		
	AHASSEE FL 32301	•	83					
			84	City		FL	85	Zip Code
office or t agent. Fa	to the provisions of Sections 607,0502 registered agent, or both, in the State c in familiar with, and accept the obligat	and 607 1508, Florida Statutes, of Florida. Such change was autions of, Section 607.0505, Florid	, the above horized by da Statute	e-named co y the corpori s.	rporation submits this statement for the pation's board of directors. I hereby acception	ourpose of of the app	ointmen	ng its registered it as registered
SIGNATURE	Signature impresion princial natural of registered agent	and little if applicable (NOTE: F	Registered Age	ent signature req	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
10%	PD	☐ DELETE	1.1 TITLE				Chai	nge 🔲 Additio
NAME	ROBINSON, JOHN M		1.2 NAME	-				
STREET ADDRESS	933 MACARTHUR BOULEVARD		1.3 STREET	ADDRESS				
C(1γ - S1 - 2)Γ'	MAHWAH NJ 07430		1.4 CITY - S	ST - ZIP				
FITLE	νεπο	DELETE	2.1 TITLE				Char	nge 🔲 Additio
NAME	FALKOFF, MARTIN		22 NAME	ŀ				
STREET ADDRESS	933 MACARTHUR BOULEVARD		2.3 STREET	ADDRESS				
CIY-ST-ZiF	MAHWAH NJ 07430		2. 4 CITY-	ST-ZIP				
THELE	VAS	☐ DELETE	3.1 TITLE				Char	nge 🔲 Additio
NAME	PROFFITT, RANDALL S		3.2 NAME	· [·			
STREET ADDRESS	933 MACARTHUR BOULEVARD		3.3 STREE	ADDRESS				
CHTY-ST-ZIF	MAHWAH NJ 07430		34. CITY-	SY-ZIP				
THUE	ASAT	☐ DELETE	41 TITLE				☐ Char	nge 🔲 Additio
NAME	WEINFUSS, STEWART		4. 2 NAME	ļ				
STREET ADDRESS	933 MACARTHUR BOULEVARD		4.3 STREET	ADDRESS				
City St - ZiP	MAHWAH NJ 07430		4.4 CITY-	ST-ZIP				
TITLE	AT	DELETE	5.1 TITLE				Chai	nge Additio
NAME	KAKAR, MANOHAR		5.2 NAME					
STREET ADDRESS	933 MACARTHUR BOULEVARD		5.3 STREE	ADDRESS				
CiTY-ST-7iP	MAHWAH NJ 07430		5.4 CITY - 5	- 1				
TITLE	AT	DELETE	6.1 TITLE				Char	nge 🔲 Addition
NAME	WOJNO, THOMAS		62 NAME					
STREET ADDRESS	933 MACARTHUR BOULEVARD		6.3 STREET	ADDRESS				
CHTM CT. 200	MAHWAH NJ 07430		SACITY-	1				

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:

Daytime Phone