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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham *ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000065198 (1) **DOCUMENT #** MELDISCO K-M 3800 OAKWOOD BLVD., FL., INC. Mailing Address Principal Place of Business ONE THEALL RD. ONE THEALL RD. RYE NY 10580 RYE NY 10580 2a. Mailing Address 2. Principal Place of Business 21 3800 Oanwood Blud Suite, Apt. #, etc. Suite, Apt. #, etc.

п	ΗВ			18111			811 (BB)

3. Date incorporated or Qualified

22-3327094

5. Certificate of Status Desired

09/06/1994

3a. Date of Last Report

05/01/1995

Applied For

\$8.75 Additional

Not Applicable

_ Suite, Apt. #,	etc.	30(6), Apr. 1	, C. 1.7.				5. Certificate of Status Desired	J Fee R	Fee Required	
2		27City & State	<u> -</u>				6. Election Campaign Financing	\$5.00	May Be	
City & State	17 hours	28				ļ	Trust Fund Contribution		to Fees	
Zp	Country	Zip	Cc	untry			8. This corporation has liability for inta	ngible tax under s	199.032,	
i ~330	7.7. 25 US	29	30				Florida Statutes X Yes [
	9. Name and Address of Cur	rent Registered Agen	t				Name and Address of New Reg	istered Agent		
				81	Name					
HMITED	UNITED STATED CORPORATION COMPANY						ddress (P.O. Box Number is Not Acceptable)			
1201 H			-							
SUITE				83						
	ASSEE FL 32301			84	City			FL 85 Zip	Code	
					L	suptic	a a lamite this statement for the nume	see of changing its ru	eaistered office	
				nove r e corp	namedicc Ioration's	board c	in submits this statement for the purpoint directors. I hereby accept the appoin	tment as registered	agent. Lam	
familiar with	n, and accept the obligations of, S	Section 607.0505, Florid	la Statutes.							
SIGNATURE _			(NOTE Begute	o d A i e	et somether i	Septiment of	ept remistatival	DA*F		
	Suprature typed or portled name of registered	AND DIRECTORS	(N TE, FESTIVE		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ADDITIONS/CHANGES TO OFFIC			
12.			ELETE 1.	1 Mile		P		Change Change	Addition	
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1	MAHWAH NJ	•	1.	4 CITY -	ST-ZIP					
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NAME						022	Macarthur Blvd.	Ī	シルバ	
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			1	6 4 CITY	-\$1-2IP		= : :		The Control	
City-ST-ZiP 14. I do herel	by certify that the information sup	plied with this filing is vo	ountarily furnished	and do	pes not q	juality for	the exemption stated in Section 119.0 and that my signature shall have the report as required by Chapter 607, Fig.	J7(3)(k), Florida Stat same legal effect as	ures. I furtner If made unde	
certify the	at the information indicated on this	convers, on October	ver or trustee emp	owere	d to exec	account this	e and that my signature shall have the report as required by Chapter 607, Fig.	orida Statutes; and t	hat my name	
appears i	in Block 12 or Block 13 if change	d, or on an attachment	with an address.				ADD 1 c 100c	(201) 024		

SIGNATURE:

SIGNATURE AND TYPED OR DITINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16 1996

(201) 934-2000