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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **729846** **(6)**

1. Corporation Name

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BLVD STE 100 HOLLYWOOD FL 33021 US	3440 HOLLYWOOD BLVD. #100 HOLLYWOOD FL 33021-6900 US

3. Date Incorporated or Qualified: 05/21/1974
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1361955 ☐ Applied For ☐ Not Applicable

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**

KATZ, THOMAS O. ESQ
RUDEN, MCCLOSKY, SMITH
200 EAST BROWARD BLVD 15TH FLOOR
FT LAUDERDALE FL 33301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AISSEN, DAVID MR & MRS		1.2 NAME		
STREET ADDRESS	12015 SW 94TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SONBERG, STEVEN		2.2 NAME		
STREET ADDRESS	2 EAST BROWARD BLVD, STE 1300		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEBER, BERNARD DR & MRS		3.2 NAME		
STREET ADDRESS	7345 SW 133 TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEARLMAN, ROBERT A		4.2 NAME		
STREET ADDRESS	8195 A SEVERN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALLES, JUAN MR & MRS		5.2 NAME		
STREET ADDRESS	1120 ALFONSO AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DRURY, JOHN (MR & MRS)		6.2 NAME	C. Shelton Jones	
STREET ADDRESS	4992 N.W. 97 DR		6.3 STREET ADDRESS	310 E. Royal Palm Road	
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP	Boca Raton, FL 33432	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Pearlman APRIL 15, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0021487