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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729846

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 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 05/21/1974

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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	6737 PORTSIDE		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	☐ Change ☐ Addition
NAME	SHELTON, JAMES C		6.2 NAME	
STREET ADDRESS	310 E ROYAL PALM ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert A Pearlman 4/12/99 954-964-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)