

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000053234 (6)

1. Corporation Name **DIABETES INFORMATION AND SUPPLY AMERICAN DIABETIC FOUNDATION, INC. CENTER, INC**
PER ARTICLE OF AMENDMENT FILED WITH THE STATE
4 DECEMBER 1996

Principal Place of Business
1537 E. HILLSBORO BLVD.
APARTMENT 741
DEERFIELD BEACH FL 33441

Mailing Address
1537 E. HILLSBORO BLVD.
APARTMENT 741
DEERFIELD BEACH FL 33441-4311

NC
12/4/96



2. Principal Place of Business
21 336 SE 15TH AVENUE

2a. Mailing Address
26 336 SE 15TH AVENUE

3. Date Incorporated or Qualified 06/20/1996
3a. Date of Last Report

4. FEI Number 65-0676829
Applied For Not Applicable

22 City & State
23 DEERFIELD BEACH, FL

27 City & State
28 DEERFIELD BEACH, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

24 Zip 33441
25 Country BROWARD

29 Zip 33441
30 Country BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WHITE, RUSSELL A ESQ.
1401 EAST BROWARD BOULEVARD
SUITE 300
FORT 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
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FELD, DOROTHY	
STREET ADDRESS	1537 E. HILLSBORO BLVD., APT. 741	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELD, RICHARD	
STREET ADDRESS	18037 GOLDEN SPRING COURT	
CITY-ST-ZIP	OLNEY MD 20832	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELD, JEFFREY	
STREET ADDRESS	8765 SUMMERVILLE PLACE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

800002147538
-04/18/97-01017-076
***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.

CR2E034 (9/96)

4/17/97

SIGNATURE _____ DATE _____