

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

**FILED**

**Feb 09 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998  
  
 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000053234 (6)**  
 1. Corporation Name  
**DIABETES INFORMATION AND SUPPLY CENTER, INC.**



Principal Place of Business: 336 S.E. 15TH AVE. DEERFIELD BEACH FL 33441 US  
 Mailing Address: 336 S.E. 15TH AVE. DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE

|                                |             |                         |             |   |  |
|--------------------------------|-------------|-------------------------|-------------|---|--|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified<br><b>06/20/1996</b>  |  |
| 21                             |             | 26                      |             | 4. FEI Number<br><b>65-0676829</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 22. Suite, Apt. #, etc.        |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 23. City & State               |             | 28. City & State        |             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |  |                        |
|--|--|--|--|--|------------------------|
| 9. Name and Address of Current Registered Agent<br><b>WHITE, RUSSELL A ESQ.<br/>1401 EAST BROWARD BOULEVARD<br/>SUITE 300<br/>FORT LAUDERDALE FL 33301</b> |  |  |  | 10. Name and Address of New Registered Agent           |                        |
|  |  |  |  | 81. Name   |                        |
|  |  |  |  | 82. Street Address (P.O. Box Number is Not Acceptable) |                        |
|  |  |  |  | 83.  |                        |
|  |  |  |  | 84. City   | <b>FL</b> 85. Zip Code |

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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>FELD, DOROTHY</b>                     | 1.2 NAME  |  |
| STREET ADDRESS             | <b>1537 E. HILLSBORO BLVD., APT. 741</b> | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>DEERFIELD BEACH FL 33441</b>          | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FELD, RICHARD</b>                     | 2.2 NAME  |  |
| STREET ADDRESS             | <b>18037 GOLDEN SPRING COURT</b>         | 2.3 STREET ADDRESS                                    | <b>2838 Abbey Manor Circle</b>   |
| CITY-ST-ZIP                | <b>OLNEY MD 20832</b>                    | 2.4 CITY-ST-ZIP                                       | <b>Brookeville, Md. 20833</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>FELD, JEFFREY</b>                     | 3.2 NAME  |  |
| STREET ADDRESS             | <b>8755 SUMMERVILLE PLACE</b>            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ORLANDO FL 32819</b>                  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Feld* **REQUIRED** **Dorothy Feld, Pres.** 2/2/98 954-421-1504

CR2E034 (10/97)