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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 # P97000054983 (6)
 1. Corporation Name
AMERICAN DIABETIC FOUNDATION, INC.



Principal Place of Business: 1537 E. HILLSBOROUGH BLVD., APT. 741 DEERFIELD BEACH FL 33441
 Mailing Address: 1537 E. HILLSBOROUGH BLVD., APT. 741 DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 336 SE 15th Avenue, Suite, Apt. #, etc.
 2a. Mailing Address: 2a 336 SE 15th Avenue, Suite, Apt. #, etc.
 City & State: 23 Deerfield Beach, Fl
 City & State: 28 Deerfield Beach, Fl
 Zip: 24 33441, Country: 25 Broward
 Zip: 29 33441, Country: 30 Broward

3. Date Incorporated or Qualified: 06/20/1997
 4. FEI Number: 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes, No

9. Name and Address of Current Registered Agent
 WHITE, RUSSELL A
 1401 E. BROWARD BLVD., SUITE 300
 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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	0	<input type="checkbox"/> DELETE
NAME	FELD, DOROTHY	
STREET ADDRESS	1537 E. HILLSBOROUGH BLVD., APT. 741	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	0	<input type="checkbox"/> DELETE
NAME	FELD, RICHARD	
STREET ADDRESS	18037 GOLDEN SPRING CT.	
CITY-ST-ZIP	OLNEY MD 20832	
TITLE	0	<input type="checkbox"/> DELETE
NAME	FELD, JEFFREY	
STREET ADDRESS	8755 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		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2838 Abbey Manor Circle
2.4 CITY-ST-ZIP	Brookeville, Md 20833
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* Dorothy Feld, Pres 2/3/98 954-421-1504

CR2E034 (10/97)