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FILED
May 08 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 # F97000004927 (6)

1. Corporation Name

CERTIFIED DIABETIC SUPPLIES INC.



Principal Place of Business

Mailing Address

2373 HORSESHOE DRIVE SOUTH
NAPLES FL 34104

2373 HORSESHOE DRIVE SOUTH
NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

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

2. Principal Place of Business

2a. Mailing Address

21 2373 Horseshoe Dr.S
Suite, Apt. #, etc.

26 2373 Horseshoe Dr.S.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Naples, FL

28 Naples, FL

24 Zip 34104 25 Country USA

29 Zip 34104 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301

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

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 DP
NAME FISCINA, PETER J
STREET ADDRESS 1951 J&C BLVD.
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

1.1 TITLE Director/Chairman ☒ Change ☐ Addition
1.2 NAME FISCINA, PETER J.
1.3 STREET ADDRESS 2373 Horseshoe Dr. S.
1.4 CITY-ST-ZIP Naples, FL 34104

TITLE DV
NAME AYALA, ALBERT R
STREET ADDRESS 1951 J&C BLVD.
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

2.1 TITLE Director, Vice Chairman ☒ Change ☐ Addition
2.2 NAME AYALA, ALBERT R.
2.3 STREET ADDRESS 2373 Horseshoe Dr. S.
2.4 CITY-ST-ZIP Naples, FL 34104

TITLE DT
NAME BLUMENTHAL, MYRON M
STREET ADDRESS 1951 J&C BLVD.
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

3.1 TITLE Director, Secretary, Treasurer ☒ Change ☐ Addition
3.2 NAME BLUMENTHAL, MYRON M.
3.3 STREET ADDRESS 2373 Horseshoe Dr. S.
3.4 CITY-ST-ZIP Naples, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE President ☐ Change ☒ Addition
4.2 NAME ROBERTS, FREDERICK J.
4.3 STREET ADDRESS 2373 Horseshoe Dr. S.
4.4 CITY-ST-ZIP Naples, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ 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)(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:

Myron M. Blumenthal

CR2E034 (10/97)