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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90079 045 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000004927**

1. Corporation Name

**CERTIFIED DIABETIC SUPPLIES INC.**



Principal Place of Business 2373 HORSESHOE DRIVE SOUTH NAPLES FL 34104	Mailing Address 2373 HORSESHOE DRIVE SOUTH NAPLES FL 34104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/22/1997</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0613873</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
9. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS ST., STE. 2 TALLAHASSEE FL 32301</b>				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

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	DC	1.1 TITLE	
NAME	FISCINA, PETER J	1.2 NAME	
STREET ADDRESS	2373 HORSESHOE DR S	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP	
TITLE	DVC	2.1 TITLE	
NAME	AYALA, ALBERT R	2.2 NAME	
STREET ADDRESS	2373 HORSESHOE DR S	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	
NAME	BLUMENTHAL, MYRON M	3.2 NAME	
STREET ADDRESS	2373 HORSESHOE DR S	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	DSP
NAME	ROBERTS, FREDERICK J	4.2 NAME	Roberts, Frederick J.
STREET ADDRESS	2373 HORSESHOE DR S	4.3 STREET ADDRESS	2373 Horseshoe Drive
CITY-ST-ZIP	NAPLES FL 34104	4.4 CITY-ST-ZIP	Naples, FL 34104
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)