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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000115 (3)			
1. Corporation Name DIABETIC AID FOUNDATION, INC. <i>DIABETIC FOUNDATION OF AMERICA, INC.</i>			
Principal Place of Business 35 GRAND BAY CIRCLE JUNO BEACH FL 33408		Mailing Address 35 GRAND BAY CIRCLE JUNO BEACH FL 33408	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0645623		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent GAPSTUR, LENNE 821 ROYAL POINCIANA PLAZA PALM BEACH FL 33480				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DR			
83 City				84 Zip Code FL 33401			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PVST	1.1 TITLE	DP
NAME	ESKELINEN, ANNE	1.2 NAME	
STREET ADDRESS	35 GRAND BAY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DV
NAME	HUEY, MICHAEL	2.2 NAME	
STREET ADDRESS	35 GRAND BAY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DST
NAME	CROSSETT, HARRY	3.2 NAME	
STREET ADDRESS	16087 E. PRESTWICH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ESKELINEN, ANNE	4.2 NAME	
STREET ADDRESS	35 GRAND BAY CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	DR
NAME		5.2 NAME	DR
STREET ADDRESS		5.3 STREET ADDRESS	4369 FUSHIA CIRCLE SOUTH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry S. Crockett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/96
Date

561 627 7404
Daytime Phone #

CR2E037 (12/95)