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NONPROFIT **CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP

WEST PALM BCH FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600000115 (3)

DIABETIC FOUNDATION OF AMERICA, INC.

FILED Jul 16 1998 8:00am Secretary of State

BARBARA BIR IRIE BIRI BRILL BRILL BRILL BRILL BRILL BRILL BRILL BRILL HERE ALLE ALLE AREA

Principal Place	e of Business	Malling Address			1844) 95 414 9849 1 11 98 1 119 9 1 6 111 1981
12 16 US HIGHWAT 1 121 6 US H		1216 US HIGHWAY I	4	3. Date Incorporated or Qualified	
STE E	d -	STE E	1	12/11/1995	
n. Palm Bch 1 Us:	PE WAUE	N . Palm BCH Fl. 3340 8 US	1	4. FEI Number	Applied For
	-	•		65-0645623	Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21 30 / (28 301 CLEN	<u>1ATIS ST.</u>		Fee Required
Suite Apt.	, =	Suite Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 300 City & State		27 9000 City & State		Trust Fund Contribution L.	Added to Fees
23 (1).	O.B. FL	28 W. P. B.	2	7. Is this nonprofit corporation a home	ha-sil
Zip	Country	Zip	Country	B. This corporation owes or has paid the	
24 50 4	O8 25 USA		30 USA.	Personal Property Tax due June 30.	Yes No No
	9. Name and Address of Current	r Hegistered Agent	81 Name	10. Name and Address of New Regist	ereo Agent
0.000				ANNE ESKELING	EN
Gapstur, Lenne 777 S. Flagler dr			62 Street Add	dress (P.O. Box Number is Not Acceptable)	CIRCLE
	M BEACH FL 33401		83	3 GRAND BAY	- Merce
W. FALN	W DEACH PE 33401			UNO BEACH	
	-		84 City		FL 85 Zip Code / S
11. Pursuant	to the provisions of Sections 617,0502	end 617.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purp	
office or re agent. I a	registered exent/or both, in the State of im familia/With and accept the obligation	of Florida. Such change was at tions of Section 617.0503, Flor	uthorized by the corporation of	rporation submits this statement for the purp- ation's board of directors. I hereby accept th	e appointment as registered
SIGNATURE	1/1 / 1/2				
	Signature, typed or printed name of registered agen		Registered Agent signature requ		ATE
12.	OFFICERS AND	DIRECTORS	13.	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND		13. 1.1 TITLE /	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME	OFFICERS AND DP ESKELINEN, ANNE	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS DR. R. MACK HARA	S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND DP ESKELINEN, ANNE 85 GRAND BAY CIRCLE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS //	ADDITIONS/CHANGES TO OFFICERS DR. R. MACK HARA 1500 N. W. LOTH	SAND DIRECTORS IN 12 Change Addition LELL SUE SIE 205
12. TITLE NAME	OFFICERS AND DP ESKELINEN, ANNE 85 GRAND BAY CIRCLE JUNO BEACH FL 33408	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-7IP	ADDITIONS/CHANGES TO OFFICERS DR. R. MACK HARA 1500 N.W. 10TH	SAND DIRECTORS IN 12 Change Addition LELL AUF STE 205
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP ESKELINEN, ANNE 85 GRAND BAY CIRCLE JUNO BEACH FL 33408 DV	DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-7IP	ADDITIONS/CHANGES TO OFFICERS DR. R. MACK HARA 1500 N.W. 10TH	SAND DIRECTORS IN 12 Change Addition LELL AUF STE 205
12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE	OFFICERS AND DP ESKELINEN, ANNE \$5 GRAND BAY CIRCLE JUNO BEACH FL 33408 DV HUEY, MICHAEL	DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 2. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	ADDITIONS/CHANGES TO OFFICERS DR. R. MACK HARK 1500 N.W. 10TH 1 BOLA RATON FL. 3 NOCE BAIN 222 LAKEVIEW DE	SAND DIRECTORS IN 12 Change Addition LELL WE STE 205 3486 Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP ESKELINEN, ANNE 85 GRAND BAY CIRCLE JUNO BEACH FL 33408 DV HUEY, MICHAEL 85 GRAND BAY CIRCLE JUNO BEACH FL 33408 DST	D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS DR. R. MACK HARK 1500 N.W. 10TH 1 BOLA RATON FL. 3 NOCE BAIN 222 LAKEVIEW DE	SAND DIRECTORS IN 12 Change Addition LELL WE STE 205 3486 Change Addition HTH FLOCE
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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 617, Florida Statutes; and that my name appears In Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP