

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000078063 (3)**

1. Corporation Name

DIABETIC EMPORIUM, INC.



Principal Place of Business

Mailing Address

4900 LINTON BLVD
#29
DELRAY BEACH FL 33445
US

4900 LINTON BLVD
#29
DELRAY BEACH FL 33445
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

29

30

9. Name and Address of Current Registered Agent

**BLOOMGARDEN, PAUL M
8551 WEST SUNRISE BLVD.
BARNETT MORTGAGE CENTER, SUITE 100A
FORT LAUDERDALE FL 33322**

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

08/01/1995

4. FEI Number

65-0460038

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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. Thereby 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 tax preparator)

Name of Registered Agent (signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
NAME: **RECTOR, AMY J**
STREET ADDRESS: **17962 WAGON WHEEL DR.**
CITY-ST-ZIP: **BOCA RATON FL 33496**

TITLE: **VP** DELETE
NAME: **OLDEHAFF, SUSAN**
STREET ADDRESS: **9439 SADDLEBROOK DR**
CITY-ST-ZIP: **BOCA RATON FL**

TITLE: **ST** DELETE
NAME: **GOLDBERG, MIRIAM**
STREET ADDRESS: **9877 ERICA CT**
CITY-ST-ZIP: **BOCA RATON FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **President** Change Addition
2. NAME: **Whalen, ELLEN**
3. STREET ADDRESS: **3421 NW 24th Ct**
4. CITY-ST-ZIP: **Boca Raton, FL 33434**

2. TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3. TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4. TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5. TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6. TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Susan Oldehaff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 407-637-0744

Date

Daytime Phone

CR2E034 (12/95)