


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000078063 (3)**

1. Corporation Name  
**DIABETIC EMPORIUM, INC.**

Principal Place of Business <b>4900 LINTON BLVD #24 DELRAY BEACH FL 33445 US</b>	Mailing Address <b>4900 LINTON BLVD #24 DELRAY BEACH FL 33445 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5329 W. Atlantic Ave</b> Suite, Apt. #, etc. 22 <b>205 B</b> City & State 23 <b>DeLray Beach, FL</b> Zip Country 24 <b>33484</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>5329 W. Atlantic Ave</b> Suite, Apt. #, etc. 27 <b>205 B</b> City & State 28 <b>DeLray Beach, FL</b> Zip Country 29 <b>33484</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>11/10/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0460038</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WHALEN, ELLEN</b>
STREET ADDRESS	<b>3421 NW 26TH CT.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>OLDEHAFF, SUSAN</b>
STREET ADDRESS	<b>9439 SADDLEBROOK DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address.

SIGNATURE

*Susan Oldehaff*

4/20/98 561-637-0744

CR2E034 (10/97)