

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000047440 (9)**

1. Corporation Name

HOLLYMOUNT DIABETIC SUPPLY, INC.



Principal Place of Business

**1750 UNIVERSITY DR., #118
CORAL SPRINGS FL 33071**

Mailing Address

**1750 UNIVERSITY DR., #118
CORAL SPRINGS FL 33071**

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

4. FEI Number

64-0592352

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

9. Name and Address of Current Registered Agent

**SWANSON, IRENE C
1750 UNIVERSITY DR., #118
CORAL SPRINGS FL 33071**

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 607.0602 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE

Signature of person(s) authorized to sign this statement

Date of Signature

Date of Signature

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP	DATE	DELETE
D	SWANSON, IRENE C	1300 NORTHWEST 87TH TERRACE	CORAL SPRINGS FL 33071	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	15 DATE	16 CHANGE	17 ADDITION
					☐	☐
					☐	☐
					☐	☐
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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 **954-722-4278**

CR2E034 (12/95)