

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90093 028 ***150.00

DOCUMENT # P95000047440

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

65-0592352

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6301 NW 5th Way

Suite, Apt. #, etc.

22 Suite 1400

City & State

23 FORT LAUDERDALE, FL

Zip

24 33309

Country

25 U.S.A.

2a. Mailing Address

26 6301 NW 5th Way

Suite, Apt. #, etc.

27 Suite 1400

City & State

28 FORT LAUDERDALE, FL

Zip

29 33309

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name JUANITA SPEER

82 Street Address (P.O. Box Number is Not Acceptable)

6301 NW 5th Way, Suite 1400

83

84

PORT LAUDERDALE FL

85 Zip Code

33309

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 D ☒ DELETE

NAME SWANSON, IRENE C
STREET ADDRESS 1750 UNIVERSITY DR #118
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME GRANT RICHARDS.
STREET ADDRESS P.O. BOX 21364
CITY-ST-ZIP FORT LAUDERDALE, FL 33335.

TITLE D ☐ DELETE

NAME TRUDY ELLEN RICHARDS.
STREET ADDRESS 5883 BARTRAM STREET.
CITY-ST-ZIP BOCA RATON, FL 33433.

TITLE PRESIDENT ☐ DELETE

NAME JUANITA SPEER
STREET ADDRESS 4141 NW 90th Ave, Apt 2
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 954-958-7246

Date

Daytime Phone #

CR2E034 (11/98)