

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000049651 (9)**

1. Corporation Name

DIABETIC SUPPLY DEPOT, INC.



Principal Place of Business

**7154 NORTH UNIVERSITY DRIVE STE 145
TAMARAC FL 33321**

Mailing Address

**7154 NORTH UNIVERSITY DRIVE STE 145
TAMARAC FL 33321**

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

FIRST

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0592995

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUDNICK, LENNY
1810 SOUTHWEST 81ST AVENUE
NORTH LAUDERDALE FL 33068**

81 Name

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

7154 N. UNIVERSITY DR. #145

83

84 City

TAMARAC

FL

85 Zip Code

33321

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

Nadine Norstein

NADINE Norstein

4/26/96

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 **PVST** ☒ DELETE
NAME **BUDNICK, LENNY**
STREET ADDRESS **1810 SOUTHWEST 81ST AVENUE**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **D** ☒ DELETE
NAME **BUDNICK, LENNY**
STREET ADDRESS **1810 SOUTHWEST 81ST AVENUE**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE **P** ☐ Change: ☒ Addition
1.2 NAME **NADINE Norstein**
1.3 STREET ADDRESS **7154 N. UNIVERSITY DR. #145**
1.4 CITY-ST-ZIP **TAMARAC, FL 33321**

2.1 TITLE **J.P.** ☐ Change: ☒ Addition
2.2 NAME **JASON BUDNICK**
2.3 STREET ADDRESS **7154 N. UNIVERSITY DR. #145**
2.4 CITY-ST-ZIP **TAMARAC, FL 33321**

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 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 recorder 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, unchanged, or on an attachment with an address.

SIGNATURE:

Jason Budnick

**Vice-President
JASON BUDNICK**

4/26/96 (954) 726-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)