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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049651 (9)

DIABETIC SUPPLY DEPOT, INC.

Principal Place of Business

Mailing Address

7154 NORTH UNIVERSITY DRIVE STE 145

7154 NORTH UNIVERSITY DRIVE STE 145

FILED Apr 10 1997 8:00am Secretary of State



IMMARAC FE S						
				3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last Report 05/01/1996	
	ace of Business	2a. Mailing Address	. 1 .	4. FEI Number	Applied For	
	W. OAKLAND PARK Blo		MO PACK BIND	65-0592995	Not Applicable	
11		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	<i>-</i>	City & State	<u></u>	6. Election Campaign Financing	\$5.00 May Be	
	RHILL, FC	28 LANDERHILL	, FL	Trust Fund Contribution	Added to Fees	
Z(ρ 	Country	Zip	Country	8. This corporation has liability for in		
24 5951	7 25 USAY 9. Name and Address of Curr	29 333/4	30 USA	Florida Statutes X 10. Name and Address of New Reg	Yes No	
DIID		ent ricgistered Agent	81 Name	1 1	,	
THE ALLIANT COUNTY DO MAKE				NORSTEIN, NADINE		
	ARAC FL 33321		Street Address (P.O. Box Number is Not Acceptable)			
irun	MINO I E DOOF!		63	las i		
			37	e 102		
			84 City 人名	WDER41LL	FL 85 33319	
11. Pursuant t	o the provisions of Sections 607.09	502 and 607.1508, Florida Statute	es, the above-named con	poration submits this statement for the pation's board of directors. I hereby accep	rpose of changing its registered	
agent la	n familiar with, and accept the obl					
SIGNATURE	Nadene Norst	in NADIN		Aı	KIL 4, 1997	
12.	Signature, typed or printed name of registored a OFFICERS A	ND DIRECTORS (NOTE	Registered Agent signature requ	and when reinstalling) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	P OF HOLIIO A	DELETE	1.1 TITLE	70011010/0171102010 01110	Change Addition	
NAME	NORSTEIN, NADINE		1.2 NAME			
STREET ADDRESS	7154 N UNIVERSITY DRIVE #145		1.3 STREET ADDRESS	·	·	
CITY - ST - ZIV	TAMARAC FL		1.4 CITY - ST - ZIP			
THLE	٧	DELETE	2.1 TITLE		Change Addition	
NAME	BUDNICK, JASON		2.2 NAME			
STREET ADDRESS	7154 N UNIVERSITY DR #14	15	2.3 STREET ADDRESS			
CITY - ST - ZIP	TAMARAC FL		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDISESS			3.3 STREET ADDRESS		,	
C(TY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City - St - 70°	N. S. P. S.	DELETE	4.4 CITY-ST-ZIP		Change Addition	
THILE		DELETE	51 TITLE		C. Change C. Addition	
NAME			5.2 NAME 5.3 STREET ADDRESS			
STREET ADORESS			5.4 CITY-ST-ZIP			
City+S1+Zif*		DELETE	5.4 CHY-S1-2IP 6.1 TITLE		Change Addition	
NAME.		time process.	62 NAME		the strange to the stranger	
STREET ADDRESS			6.3 STHEET ADDRESS			
CITY -\$1 - ZiP			64 CITY - ST - ZIP			
	by certify that the information suppl	led with this filing does not qualif		ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	

6. For hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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

Add MADINE NOLSTEIN
CHATURE AND PIPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/4/9) (954) 746-7774