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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049651 (9)

DIABETIC SUPPLY DEPOT, INC.

Principal Place of Business Mailing Address 7501 W OAKLAND PARK BLVD 7501 W OAKLAND PARK BLVD SUITE 102 DO NOT WRITE IN THIS SPACE LAUDERHILL FL 83319 LAUDERHILL FL 33319 3. Date Incorporated or Qualified 06/23/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0592995 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NORSTEIN, NADINE 7501 W OAKLAND PARK BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 102 83 LAUDERHILL FL 33319 City 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 agreept the obligations of, Section 607.0505, Florida Statutes. NOUSTEIN NADINE 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NORSTEIN, NADINE NADINE NORSTEIN 12 NAME 7501 W. DAKLAND PARK BLUDED 7154 N UNIVERSITY DRIVE #145 STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP LAUDERHILL, FI 32319 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE **BUDNICK, JASON** NAME 2.2 NAME 7154 N UNIVERSITY DR #145 STREET ADDRESS 2.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition 3.1 HILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE ☐ Change ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 6 1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- 2IP CITY-ST-ZIP

SIGNATURE:

and the state of the state of the state of

198

je 1

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.