## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P96000001156 (4)

LAKE DIABETES SUPPLY, INC.  Principal Place of Business Mailing Address  636 S. BAY STREET EUSTIS FL 32726-4960 EUSTIS FL 32726-4960										
EUSIIS FL 32/2	70 <del>-400</del> 0	EUSTIS FL 32726-486	U			corporated or Qualified		Date of Las	Repor	·i
						7/1995		ONE	r	
l. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Nui	3349173		<u> </u>	Applie	
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Suite, Apt #,	eic	27 Suite: Apr. #, etc.			5. Certific	ate of Status Desired			Requir	
City & State		City & State			6. Election	Campaign Financing		\$5.	00 мау	v Be
<u> </u>		28				and Contribution	LJ		ed to Fe	
Zip	Country	Z <sub>I</sub> p	Соп	ntry	8. This co	rporation has liability fo			rs 199	9.032,
	25	29	30				Yes	_ No		
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name	and Address of New F	registered	Agent		
	TWELL, RICHARD B									
2811 KURT #G			B2		dress (P.O. Box	Number is Not Accept	able)			
EUST	TIS FL 32726			83						
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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

| GNATURE | GNATURE | GNATURE | GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | GNATURE | GNA

SIGNATURE: 🔏