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

PROFIT CORPORATION ANNUAL REPORT

1997

City & State

23

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003301 (4)

AMERICAN DIABETIC SUPPLY FOUNDATION, INC.

Country

g. Name and Address of Current Registered Agent

25

ROBERTSON, KENNETH H 855 S. FEDERAL HWY.

BOCA RATON FL 33432

Principal Place of Business Mailing Address 855 S. FEDERAL HWY. 855 S. FEDERAL HWY. **BOCA RATON FL 33432** BOCA RATON FL 33432-6137 3. Date Incorporated or Qualified 01/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0631375 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22

City & State

Zip

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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 (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Addition 1.1 TITLE President Change TITLE Kenneth H. Robertson NAME 1.2 NAME **P2E034** 880 East Camino Real STREET ADDRESS 1.3 STREET ADDRESS Boca Raton, FL 33432 CITY-ST-7:F 1.4 CITY - ST - ZIP Change DELETE 2.1 TITLE Addition THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP DiTY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CCTY - ST - 74P DELETE 61 TITLE Chance Addition TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP CITY-SI-7IP

Country

81 Name

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14. I do 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 point 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 conforation 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 nt Kennetin A. Robert Soft President

SIGNATURE:

4-30-97

(561) 338-7770

FILED

May 07 1997 8:00am

Secretary of State

3a. Date of Last Report

XXYes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

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

Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable