

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

FILED
Feb 11 1997 8:00am
Secretary of State

DOCUMENT # P96000006556 (0)

1. Corporation Name
NATIONAL DIABETIC ASSISTANCE CORP.

Principal Place of Business
2139 UNIVERSITY DRIVE #255
CORAL SPRINGS FL 33071

Mailing Address
2139 UNIVERSITY DRIVE #255
CORAL SPRINGS FL 33071-6134



2. Principal Place of Business 21 5100 W. COPANS RD Suite, Apt. #, etc. 22 MARGATE FL City & State 23 Zip 24 33063 Country 25 USA		2a. Mailing Address 26 5100 W. COPANS RD Suite, Apt. #, etc. 27 STE 710 City & State 28 MARGATE FL Zip 29 33063 Country 30		3. Date Incorporated or Qualified 01/22/1996		3a. Date of Last Report	
				4. FEI Number 65-0634617		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HOCHFELSEN, JEFFREY S 2101 CORPORATE BLVD, NW, SUITE 204 BOCA RATON FL 33431				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 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 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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	FERLISE, PERRY	1.1 TITLE		1.2 NAME	
STREET ADDRESS	1051 PACIFIC ST	CITY-ST-ZIP	BALDWIN NY 11510	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	VD	NAME	ROTWEIN, CARMEN	2.1 TITLE	VP	2.2 NAME	CARMEN ROTWEIN
STREET ADDRESS	1633 CORAL RIDGE DRIVE	CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.3 STREET ADDRESS	8226 N.W. 41 ST.	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	STD	NAME	FERLISE, JERI	3.1 TITLE		3.2 NAME	
STREET ADDRESS	1051 PACIFIC ST	CITY-ST-ZIP	BALDWIN NY 11510	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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 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:

[Signature]

1-16-97 807-190-7800

CR2E034 (9/96)