

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

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Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mothman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006556 (0)
1. Corporation Name
NATIONAL DIABETIC ASSISTANCE CORP.



Principal Place of Business 5100 W. COPANS RD STE 710 MARGATE FL 33063	Mailing Address 5100 W. COPANS RD STE 710 MARGATE FL 33063
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0634617	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 MARK SHAFFER
82	Street Address (P.O. Box Number is Not Acceptable) 20423 STATE ROAD 7 #169
83	
84	City BOCA RATON
85	Zip Code 33498

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 *Mark Shaffer* DATE 3/11/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	FERLISE, PERRY	1.2 NAME	Perry Ferlise
STREET ADDRESS	1051 PACIFIC ST	1.3 STREET ADDRESS	4988 N.W. 119th Terrace
CITY - ST - ZIP	BALDWIN NY 11510	1.4 CITY - ST - ZIP	Coral Springs FL 33076
TITLE	V	2.1 TITLE	
NAME	ROTWEIN, CARMEN	2.2 NAME	
STREET ADDRESS	8288 N.W. 41 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	Treasurer, etc.
NAME	FERLISE, JERI	3.2 NAME	Perry Ferlise
STREET ADDRESS	1051 PACIFIC ST	3.3 STREET ADDRESS	4988 N.W. 119th Terrace
CITY - ST - ZIP	BALDWIN NY 11510	3.4 CITY - ST - ZIP	Coral Springs FL 33076
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE *Mark Shaffer* DATE 2/6/99 800-690-7800

CR2E034 (10/97)