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Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000012305 (4)  
1. Corporation Name  
NATIONAL DIABETIC SUPPLIES GROUP, INC.



Principal Place of Business: 200 KNUTH ROAD SUITE 248-B BOYNTON BEACH FL 33436  
Mailing Address: P.O. BOX 6096 BOCA RATON FL 33427

3. Date Incorporated or Qualified: 02/07/1996  
3a. Date of Last Report: [blank]  
4. FEI Number: 65-0637518  
Applied For: [blank]  
Not Applicable: [blank]  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [x] Yes [ ] No

2. Principal Place of Business: 21 2185 N. TOWERLINE ROAD SW 22 [blank] Suite, Apt. #, etc. [blank]  
23 Pompano Beach, FLA. 24 33069-1006 25 U.S.A.  
2a. Mailing Address: 26 [blank] Suite, Apt. #, etc. [blank]  
27 [blank] City & State [blank]  
28 [blank] City & State [blank]  
29 [blank] Zip [blank] Country [blank]  
30 [blank] Zip [blank] Country [blank]

9. Name and Address of Current Registered Agent  
LIVIGNE, GARY  
200 KNUTH ROAD  
SUITE 248-B  
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent  
81 Name: Jacquelyn L. Livigne  
82 Street Address (P.O. Box Number is Not Acceptable): 2185 N. TOWERLINE ROAD S.W.  
83 [blank]  
84 City: Pompano Beach FL 85 Zip Code: 33069

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: Jacquelyn L. Livigne (NOTE: Registered Agent signature required when reinstating) DATE: 1-27-97

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | [ ] DELETE                  |
| NAME           | LIVINE, GARY                |
| STREET ADDRESS | 200 KNUTH ROAD, SUITE 248-B |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33436      |
| TITLE          | [ ] DELETE                  |
| NAME           | [blank]                     |
| STREET ADDRESS | [blank]                     |
| CITY-ST-ZIP    | [blank]                     |
| TITLE          | [ ] DELETE                  |
| NAME           | [blank]                     |
| STREET ADDRESS | [blank]                     |
| CITY-ST-ZIP    | [blank]                     |
| TITLE          | [ ] DELETE                  |
| NAME           | [blank]                     |
| STREET ADDRESS | [blank]                     |
| CITY-ST-ZIP    | [blank]                     |
| TITLE          | [ ] DELETE                  |
| NAME           | [blank]                     |
| STREET ADDRESS | [blank]                     |
| CITY-ST-ZIP    | [blank]                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | [ ] Change [ ] Addition                     |
| 1.2 NAME           | [blank]                                     |
| 1.3 STREET ADDRESS | [blank]                                     |
| 1.4 CITY-ST-ZIP    | [blank]                                     |
| 2.1 TITLE          | DIRECTOR, PRESIDENT [ ] Change [x] Addition |
| 2.2 NAME           | JACQUELYN L. LIVIGNE                        |
| 2.3 STREET ADDRESS | 2185 NORTH TOWERLINE ROAD S.W.              |
| 2.4 CITY-ST-ZIP    | POMPANO BEACH, FL 33069-1006                |
| 3.1 TITLE          | [ ] Change [ ] Addition                     |
| 3.2 NAME           | [blank]                                     |
| 3.3 STREET ADDRESS | [blank]                                     |
| 3.4 CITY-ST-ZIP    | [blank]                                     |
| 4.1 TITLE          | [ ] Change [ ] Addition                     |
| 4.2 NAME           | [blank]                                     |
| 4.3 STREET ADDRESS | [blank]                                     |
| 4.4 CITY-ST-ZIP    | [blank]                                     |
| 5.1 TITLE          | [ ] Change [ ] Addition                     |
| 5.2 NAME           | [blank]                                     |
| 5.3 STREET ADDRESS | [blank]                                     |
| 5.4 CITY-ST-ZIP    | [blank]                                     |
| 6.1 TITLE          | [ ] Change [ ] Addition                     |
| 6.2 NAME           | [blank]                                     |
| 6.3 STREET ADDRESS | [blank]                                     |
| 6.4 CITY-ST-ZIP    | [blank]                                     |

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: Jacquelyn L. Livigne (954) 975-2444 DATE: 1-27-97

CR2E034 (9/96)