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

May 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT # P96000052269** ASSURED DIABETIC SUPPLIES, INC Principal Place of Business Mailing Address 2400 NW 62ND STREET 2400 NW 62ND STREET DO NOT WRITE IN THIS SPACE SUITE 100, N6 3. Date incorporated or Qualified FT LAUDERDALE, FL 33309 06/18/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing Trust Fund Contribution City & State City & State \$5.00 May Be Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KENNETH J SOKOLSKY Street Address (P.O. Box Number is Not Acceptable) 2400 NW 62ND STREET 83 FT LAUDERDALE, FL 33309 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE KENNETH J SOKOLSKY NAME 12 NAME STREET ADDRESS 9501 AFFIRMED LANE 1.3 STREET ADDRESS CITY - ST - ZIP BOCA RATON, FL 33496 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP 3.1 TITLE TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP 10000 25 34 9 2 Addition TITLE DELETE 61TITLE NAME 6.2 NAME

SRZE034 (10/97)

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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

CEO KENNETH Sokolsky SIGNING OFFICER OR DIRECTOR

***150.00

-05/26/98--01039--038

Daytime Phone #

FILED