

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90255 003 ***150.00

DOCUMENT # P96000052269

1. Corporation Name

ASSURED DIABETIC SUPPLIES, INC.



Principal Place of Business

~~2400 NW 62ND STREET~~
~~SUITE 100, NO~~
~~FT LAUDERDALE FL 33309~~

Mailing Address

~~2400 NW 62ND STREET~~
~~SUITE 100, NO~~
~~FT LAUDERDALE FL 33309~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **7301-A W Palmetto Pk Rd**

2a. Mailing Address

26 **7301-A W Palmetto Pk Rd**

22 **Suite 301-B**

27 **Suite 301-B**

City & State

23 **BOCA RATON, FL**

City & State

28 **BOCA RATON, FL**

Zip Country

24 **33433** 25 **Palm Beach**

Zip Country

29 **33433** 30 **Palm Beach**

9. Name and Address of Current Registered Agent

SOKOLSKY, KENNETH J
2400 NW 62ND STREET
SUITE 100, NO
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

65-0676556

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

7301-A W Palmetto Park Rd,

83 **Suite 301 B**

84 City **BOCA RATON**

FL

85 Zip Code
33433

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

TITLE ☐ DELETE
NAME **P/D**
STREET ADDRESS **SOKOLSKY, KENNETH J**
CITY-ST-ZIP **9501 AFFIRMED LANE**
BOCA RATON FL 33496

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **OK**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth J Sokolsky, Pres
4-30-99

Date

561-397-7430

Daytime Phone #

CR2E034 (1/98)