

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -8 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # **P96000084288 (5)**

1. Corporation Name

NATIONWIDE DIABETIC SUPPLIES INC.



Principal Place of Business

Mailing Address

**14369 BLACKBERRY DRIVE
W. PALM BEACH FL 33414**

**14369 BLACKBERRY DRIVE
W. PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/11/1996

4. FEI Number

65-0712616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, ISRAEL ESQ.
922 S.W. 38TH AVENUE
BOYNTON BEACH FL 33435**

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 ☐ DELETE

NAME **D STILLMAN, DAVID**
STREET ADDRESS **7232 VIA PALOMAR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME **EXEC. VICE PRES.**
STREET ADDRESS **5259 B EUR. PA ALBERT EPHRAIM**
CITY-ST-ZIP **BOYNTON BEACH, FL. 33437**

TITLE ☐ DELETE

NAME **SECRETARY/TREASURER**
STREET ADDRESS **DOROTHY B. CAPSON**
CITY-ST-ZIP **14369 BLACKBERRY DR. W. PALM BEACH, FL. 33414**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

CR2E034 (4/97)

Bl
8-13-97

P00-707-0670

NATIONWIDE

~~DIABETIC SUPPLIES, INC.~~

DIABETIC SUPPLIES, INC.

(2)

JULY 31, 1997

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION

P.O. BOX 6327

TALLAHASSEE, FL. 32314

TO WHOM THIS MAY CONCERN:

ENCLOSED YOU WILL FIND FILLED OUT PROFIT
CORPORATION ANNUAL REPORT 1997 FORM AND
A CHECK FOR \$165.00

PLEASE NOTE THAT WE NEVER RECEIVED ANY
PREVIOUS REPORTING REQUEST FORMS.

IF YOU HAVE ANY QUESTIONS PLEASE LET
ME KNOW.

THANK YOU FOR YOUR ASSISTANCE.

YOURS TRULY,



DAVID STILLMAN
PRESIDENT