

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90011 002 ***558.75

DOCUMENT # P98000086263

1. Corporation Name

DIABETIC SUPPLY DEPOT, INC.

Principal Place of Business

2424 NORTH FEDERAL HIGHWAY
SUITE 460
BOCA RATON FL 33431

Mailing Address

2424 NORTH FEDERAL HIGHWAY
SUITE 460
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1998

4. FEI Number

65-0884226

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.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

ROSENTHAL, JEFFREY H
2424 NORTH FEDERAL HIGHWAY
SUITE 460
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ROSENTHAL, JEFFREY H

STREET ADDRESS 2424 NORTH FEDERAL HIGHWAY, SUITE 460

CITY-ST-ZIP BOCA RATON FL 33431

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 President/Director ☒ Change ☐ Addition

1.2 NAME Larry Pinkoff

1.3 STREET ADDRESS 21000 Boca Rio Road, Suite A14

1.4 CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE Vice President/Director ☒ Change ☐ Addition

2.2 NAME Ira Fruchtman

2.3 STREET ADDRESS 21000 Boca Rio Road, Suite A14

2.4 CITY-ST-ZIP Boca Raton, FL 33433

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.

SIGNATURE:

Ira Fruchtman Vice President 9/16/99 561 391-1304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0078544