

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0006689

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **V03609**

(7)

M.K. DIABETIC SUPPORT SERVICES, INC.



Principal Place of Business

8400 BAY MEADOWS WAY
#3
JACKSONVILLE FL 32257
US

Mailing Address

8400 BAY MEADOWS WAY
#3
JACKSONVILLE FL 32257
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number

59-3098994

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A.
227 S CALHOUN ST
TALLAHASSEE FL 32302

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 or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	KRAEMER, WALTER	
STREET ADDRESS	368 SOUTH NINE DOVE	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	MASHEK, EDWARD R	
STREET ADDRESS	8018 PEBBLE CREEK LANE, E	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WARREN K TROWBRIDGE	
13 STREET ADDRESS	10010 SKINNER LANE DRIVE	
14 CITY-STATE-ZIP	JACKSONVILLE, FL 32256	
21 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARK A. BOGGS	
23 STREET ADDRESS	505 WILLOW OAK LANE	
24 CITY-STATE-ZIP	JACKSONVILLE, FL 32257	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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:

Mark A. Boggs

7/31/98 904 733 3565

CR2E034 (5/98)