

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

99 JUN -14 PM 3: 56

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # K95177

1. Corporation Name
National Association of Drug Free Employees Inc.

W99-13786

800002907498--8
-06/17/99 -01055--005
***1208.75 ***1208.75

Principal Place of Business Mailing Address

811 Jericho Turnpike Suite 102W
Smithtown, NY 11787

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

21	22	23	24
Principal Place of Business	Mailing Address	City & State	City & State
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Zip	County	County

3. Date Incorporated or Qualified
June 14, 1989

4. FEI Number
23-2563555 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

7. This corporation owes the current year intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent

Corporate Access Inc.
236 East 6th Ave.
Tallahassee, FL 32303

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 807.0502 and 807.1604, 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 807.0503, Florida Statutes.

SIGNATURE *William A. Kerekes*
SECRETARY, BOARD OF DIRECTORS OF REGISTERED AGENT AND NEW REGISTERED AGENT

DATE 6/14/99

11. OFFICERS AND DIRECTORS		12. DELETE
TITLE	Director	<input type="checkbox"/>
NAME	RL Storer	
STREET ADDRESS	660 Newtown Yardley Rd.	
CITY, ST, ZIP	Newtown, PA 18940	
TITLE	Director	<input type="checkbox"/>
NAME	JA Marubbio	
STREET ADDRESS	12 North Rd.	
CITY, ST, ZIP	Northport, NY 11768	
TITLE	President	<input type="checkbox"/>
NAME	WA Kerekes	
STREET ADDRESS	87 St. Paul's Rd. N	
CITY, ST, ZIP	Hempstead, NY 11550	
TITLE	Secretary	<input type="checkbox"/>
NAME	J Affleck	
STREET ADDRESS	660 Newtown Yardley Rd.	
CITY, ST, ZIP	Newtown, PA 18940	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		14. DELETE
11 TITLE		<input type="checkbox"/>
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
15 TITLE		<input type="checkbox"/>
16 NAME		
17 STREET ADDRESS		
18 CITY, ST, ZIP		
19 TITLE		<input type="checkbox"/>
20 NAME		
21 STREET ADDRESS		
22 CITY, ST, ZIP		
23 TITLE		<input type="checkbox"/>
24 NAME		
25 STREET ADDRESS		
26 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(5)(a), 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 of the same empowered to execute this report as required by Chapter 807, 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 empowerments.

SIGNATURE: *William A. Kerekes* WILLIAM A. KEREKES/PRESIDENT 6-11-99 576 361 6287

CR2E036 (1/1995)