## 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

## DOCUMENT # P94000042417

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90095 008 \*\*\*158.75

DRUG FREE COMPLIANCE, INC.							
					1 <b>10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>		
Principal Pl	ace of Business	Mailing Address					
121 NW 10TH CT 121 NW 10TH CT							••• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BOCA RATO	N FL 33486	BOCA RATON FL 33486					
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address			06/07/1994		
21		26			4. FEI Number		Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	<del></del> -		65-0498611		Not Applicable
22		27			5. Certifcate of Status Desired		Additional
		City & State			6. Election Campaign Financing		Required
Zip		28			Trust Fund Contribution	10.C¢	<b>0</b> May Be d to Fees
24	Country	Zip	Country	y	8. This corporation owes the current year	Intannible	101665
27	25 9. Name and Address of Curre	29	30		Personal Property Tax.	☐ Yes	x□No
	e. Hame and Address of Curre	nt Registered Agent	0.4	1	10. Name and Address of New Register	ed Agent	
SIL	verman, irene		81	Name			
121 NW 10TH CT BOCA RATON FL 33486			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	<del></del>	
			83		<u> </u>		
			03				
			84	,		. 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es the above	-named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the purpose		
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a tions of Section 607 0505. Etc.	uthorized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its	s registered egistered
SIGNATURE			nua statutes	•	•		-3
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered Agen	t signature requi	red when reinstating) DATE		
TITLE	OFFICERS AN	RS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
NAME	, •	☐ DELÉTE	1.1 TITLE			☐ Change	Addition
STREET ADDRESS	SILVERMAN, IRENE 121 NW 10TH CT		1.2 NAME				
CITY-ST-ZIP	BOCA RATON FL 33486		1.3 STREET	ADDRESS			
TITLE	VPS		1.4 CITY-ST	-ZIP			
NAME	SILVERMAN, STUART	☐ DELĒTE 2.				Change	☐ Addition
STREET ADDRESS	121 NW 10TH COURT		2.2 NAME	1			}
CITY-ST-ZIP	BOCA RATON FL		2.3 STREET				}
TITLE		☐ DELETE	2.4 CITY-ST 3.1 TITLE	-21P			
NAME			3.2 NAME			☐ Change	Addition
STREET ADDRESS			3.3 STREET	VDDDESS			
CITY-ST-ZIP			3.4. CITY-ST-				
ITTLE		☐ DELETE	4.1 TITLE	ZII .		Channe	
IAME			4. 2 NAME	1		Change	☐ Addition
TREET ADDRESS			4.3 STREET A	ODRESS			
CITY-ST-ZIP			4.4 CiTY-ST-	ZIP			]
ITLE		☐ DELETE	5.1 TITLE			Change	Addition
TREET ADDRESS			5.2 NAME	J			_,
ITY-ST-ZIP			5.3 STREET A		·		
TLE			5.4 CITY-ST-2	ZIP			J
AME		☐ DELETE	6.1 TITLE			Change	☐ Addition
TREET ADDRESS			6.2 NAME			-	-
TY-ST-ZIP			6.3 STREET AL	DDRESS			

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99

561 338-9276

Daytime Phone #

20034 (44,00)