

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
Aug 04 1997 8:00am
Secretary of State

DOCUMENT # F96000006066 (2)

1. Corporation Name

SUBSTANCE ABUSE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

4517 NW 31ST AVE
FT LAUDERDALE FL 33309

4517 NW 31ST AVE
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1996	3a. Date of Last Report
4. FEI Number 22-2806310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	STUTMAN, ROBERT S	
STREET ADDRESS	7394 PANACHE WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	MASTERSON, LINDA H	
STREET ADDRESS	10410 TRADEMARK ST	
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCORD, MICHAEL S	
STREET ADDRESS	2002 KIRBY DR #701	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWN, JOHN C	
STREET ADDRESS	550 S HOPE ST	
CITY-ST-ZIP	LOS ANGELES CA 90071-2804	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	WITMAN, DENNIS	
STREET ADDRESS	10410 TRADEMARK ST	
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEREND, ROBERT W ESQ	
STREET ADDRESS	110 E 59TH ST	
CITY-ST-ZIP	NY NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID Dorff	
2.3 STREET ADDRESS	4517 NW 31st Ave	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Muccini	
5.3 STREET ADDRESS	4517 NW 31st Ave	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information submitted 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 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 person 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.

CR2E034 (4/97)