

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

98 JUN 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F96000006066

SUBSTANCE ABUSE TECHNOLOGIES, INC.

Principal Place of Business

4517 N.W. 31 Avenue
Ft. Lauderdale, Florida
33309

Mailing Address

4517 N.W. 31 Avenue
Ft. Lauderdale, Florida
33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/96

2. Principal Place of Business

21 1999 N. University Drive

2a. Mailing Address

26 1999 N. University Drive

4. FEI Number

22-2806310

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 204

Suite, Apt. #, etc.

27 Suite 204

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Coral Springs, Florida

City & State

28 Coral Springs, Florida

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33071

Country

25 USA

Zip

29 33071

Country

30 USA

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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

800002571658--
-06/25/98--01002--008
****150.00****150.00
FL

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	Stutman, Robert S.	7394 Panache Way	Boca Raton, FL	<input type="checkbox"/>
P	Dorff, David	4517 N.W. 31 Avenue	Ft. Lauderdale, FL	<input type="checkbox"/>
D	McCord, Michael S.	2002 Kirby Drive, #701	Houston, TX 77019	<input checked="" type="checkbox"/>
D	Lawn, John C.	550 S Hope Street	Los Angeles, CA 90071-2604	<input checked="" type="checkbox"/>
CFO	Muccini, Robert	4517 N.W. 31 Avenue	Ft. Lauderdale, FL	<input checked="" type="checkbox"/>
S	Berend, Robert W. Esq.	110 E 59 Street	New York, NY 10022	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
Chairman and Director	Stutman, Robert S.	1999 N. University Drive, #204	Coral Springs, Florida 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President and Director	Dorff, David	1999 N. University Drive, #204	Coral Springs, Florida 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Cohen, Steven A.	1999 N. University Drive, #204	Coral Springs, Florida 33071	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Cohen, Donald	1999 N. University Drive, #204	Coral Springs, Florida 33071	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jackson, Steven	1999 N. University Drive, #204	Coral Springs, Florida 33071	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Stutman, Brian	1000 N. University Drive, #204	Coral Springs, Florida 33071	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Dorff, President

06/22/98

Date

954-346-5775

Daytime Phone #

44-24-98