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TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

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-12/10/96--01104--011
*****70.00 *****70.00

SUBJECT: DRUG FREE SCHOOL ZONE PROJECT
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign nonprofit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

RANDY ANDERSON
(Name of Person)
DRUG FREE SCHOOL ZONE PROJECT
(Firm/Company)
7808 KACHINA LANE
(Address)
BETHESDA, MD 20817
(City, State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

RANDY ANDERSON at (301) 365 - 6747
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

DRUG-FREE SCHOOL ZONE PROJECT

~~1800 N. GARDEN HWY.~~
~~WASHINGTON, D.C. 20005~~

7808 Kachina Lane
Bethesda, MD 20817



~~(800) 555-4343~~
~~FAX: 800-6603~~

(301) 365-6747
FAX: 365-8905

"Implementing effective drug prevention programs for our Nation's youth"

December 6, 1996

Dear Sir/Madam:

We are sending you our original certificate of existence along with a copy. If you do not need the original please return it to: DFSZ Project, 7808 Kachina Lane, Bethesda, MD 20817.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy Anderson". The signature is written in a cursive style with a long, sweeping underline.

Randy Anderson
President

Encl

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZA-
TION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. DRUG FREE SCHOOL ZONE PROJECT, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia-
tions of like import in language as will clearly indicate that it is a corporation instead of a natural person or
partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate
suffix by a nonprofit corporation.)

2. PENNSYLVANIA 3. 521877076
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 03, 1994 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or 'perpetual')


6. UPON QUALIFICATION
(Date corporation first conducted affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. DRUG FREE SCHOOL ZONE PROJECT, INC.
7808 Kachina Lane, Bethesda, MD 20817
(Current mailing address)

8. CHARITABLE PURPOSES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**
FRANK J. COLAPRETE
(Name)
6619 US Highway 19
(Office address)
New Port Richey, Florida, 34652
(City) (Zip Code)

10. **Registered agent's acceptance:**
*Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this application, I hereby accept the appointment as
registered agent and agree to act in this capacity. I further agree to comply with the provisions
of all statutes relative to the proper and complete performance of my duties, and I am familiar
with and accept the obligations of my position as registered agent.*


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to
delivery of this application to the Department of State, by the Secretary of State or other official
having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: WILLIAM MOORE

Address: 7808 Kachina Lane
Bethesda, MD 20817

Vice Chairman: SAM HAN

Address: 7808 Kachina Lane
Bethesda, MD 20817

Director: RANDY ANDERSON

Address: 7808 Kachina Lane
Bethesda, MD 20817

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: RANDY ANDERSON

Address: 7808 Kachina Lane
Bethesda, MD 20817

Vice President: MICHAEL FARLEY

Address: 7808 Kachina Lane
Bethesda, MD 20817

Secretary: SAM HAN

Address: 7808 Kachina Lane, Bethesda, MD 20817

Treasurer: RANDY ANDERSON

Address: 7808 Kachina Lane, Bethesda, MD 20817

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

RANDY ANDERSON, PRESIDENT
(Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

NOVEMBER 19, 1996

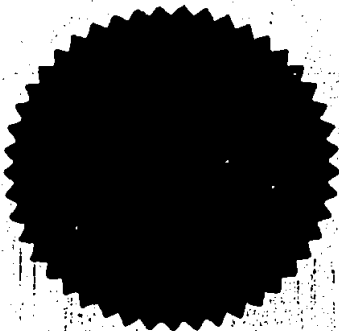
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DRUG FREE SCHOOL ZONE PROJECT, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.



Gretchen K...
Secretary of the Commonwealth

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