


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90075 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000005619**

1. Corporation Name

**STUDENTS AGAINST DRUGS, INC.**

501498 - 90075 - 10

Principal Place of Business

1822 ELLINGTON CT.  
 VALRICO FL 33594

Mailing Address

1822 ELLINGTON CT.  
 VALRICO FL 33594



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		650877684	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**CRAMER, DAVID**  
 1822 ELLINGTON CT.  
 VALRICO FL 33594

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAMER, DAVID	1.2 NAME	Gina Cavallaro
STREET ADDRESS	1822 ELLINGTON CT.	1.3 STREET ADDRESS	23 Birch St.
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP	Saugus, Ma. 01906
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, MARK	2.2 NAME	
STREET ADDRESS	23 BIRCH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAUGUS, MA 01906	2.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GORDON	3.2 NAME	
STREET ADDRESS	27650 BUTTERFLY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MARCALINE	4.2 NAME	Marceline Goldstein
STREET ADDRESS	2650 BUTTERFLY DR.	4.3 STREET ADDRESS	2650 Butterfly Dr.
CITY-ST-ZIP	CLEARWATER FL 33764	4.4 CITY-ST-ZIP	Clearwater, Fl. 33764
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I 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 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marceline Goldstein* 4-26-99 SEC-18215

CR2E037 (11/98)