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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006483 (8)

QUICK-MED TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

FILED Mar 11 1998 8:00am Secretary of State



DEL REY BEACH FL 33446			DEL REY BEACH FL 33446			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 12/09/1997			
2. Principal Pla	ace of Business	2a. Mailing Ac	ldress			4, FEI Number	TAC	plied For	
21		26	6			65-0797243	_ 	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75		
22		27				5. Certificate of Status Desired Fee Required			
City & State	•	 η ΄	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	<u> </u>			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	—	Country		8. This corporation owes or has paid the current year Intangible			
24	25	[29]	30			Personal Property Tax due June 30. Yes No			
415	g. Name and Address of Curr	ent Registered Agen	I	81	Name	10. Name and Address of New Registered A	vgent .		
	AI SERVICES, INC.				Name				
	B E. PARK AVENUE			82 Street Add		ess (P.O. Box Number is Not Acceptable)			
IAL	LAHASSEE FL 32301			63		 			
				84	City		85 Zip (Sodo	
					•	FL	1 1		
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 a	agent and title if applicable	(NOTE: Registere	d Agenl	l signalure require	ed when reinstating) DATE			
12.		ND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFFICERS AND		S IN 12	
TITLE	PC		DELETE 1.1 TO	TLE			☐ Change	Addition	
NAME	LERNER, DAVID		1.2 N	IAME				l;	
STREET ADDRESS 7844 D LEXINGTON CLUB BLVD.			1.3 S	TREET AI	DORESS			1	
CITY-ST-ZIP	DEL REY BEACH FL 33446		1.4 0	ITY-ST-	- ZIP			i	
TITLE	V		DELETE 2.1 TI	ITLE			Change 🗌	Addition C	
NAME	GRANITO, MICHAEL		2.2 N	AME				-	
STREET ADDRESS	30 East 37th St		2.3 \$	TREET AI	DDRESS				
CITY-ST-ZIP	NEW YORK NY 10016		2.40	CITY-ST-	- ZIP				
TITLE	8		DELETE 3.1 To	TLE			Change	Addition	
NAME	SCOCA, DON		3.2 N	AME					
STREET ADDRESS	2669 ARTHUR LANE		3.3 \$	TREET AC	DDRESS			1	
CITY-ST-ZIP	BELLMORE NY 11710			ITY-ST	- ZiP				
TITLE	·		DELETE 4.1 TI	ITLE			Change	Addition	
NAME			4.21	IAME				ļ	
STREET ADDRESS			4.3 S	TREET AC	DDRESS			1	
CITY-ST-ZIP				ITY-ST-	ZIP				
TITLE		ш	DELETÉ 5.1 TI	ITLE			Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 ST	TREET A	DDRESS			ŀ	
CITY-ST-ZIP				ITY-ST-	ZIP				
TITLE			DELETE 6.1 TI	ITLE			Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$1	TREET AL	DDRESS				
CITY-ST-ZIP			640	ITY-ST-	ZIP				

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 of the regoiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an activities.