


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90105 030 ***150.00

<p>PROFIT CORPORATION ANNUAL REPORT 1999</p>		<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # **L45520**

1. Corporation Name
QUIT-GOLD, INC.

Principal Place of Business	Mailing Address
522 S DIXIE HWY WEST PALM BEACH FL 33401-810 US	522 S DIXIE HWY WEST PALM BEACH FL 33401-810 US

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 01/26/1990	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0300548	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
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 Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 25		29 30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDFARB, JERILYN N 522 S DIXIE HIGHWAY WEST PALM BEACH FL 33401		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City

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 Anthony Coppola President Anthony Coppola - 2/8/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	GOLDFARB, JERILYN N	1.2 NAME	
STREET ADDRESS	522 S DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33401	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	COPPOLA, ANTHONY	2.2 NAME	
STREET ADDRESS	522 S DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL 33401	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 or the receiver 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Cypriano President

561/837-3388