

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90026 043 \*\*\*150.00

**DOCUMENT # P97000065212**

1. Corporation Name  
**QUOIN INNOVATIONS, INC.**



Principal Place of Business  
**515 NORTH MAIN ST.  
STE. 300 A  
GAINESVILLE FL 32601  
US**

Mailing Address  
**C/O ANTHONY J. SALZMAN/MOODY & SALZMAN FA  
P.O. DRAWER 2759  
GAINESVILLE FL 32602  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing	7. Trust Fund Contribution	8. This corporation owes the current year Intangible Personal Property Tax.
21 <b>3600 NW 43RD ST</b>	26 <b>C/O ANTHONY J. SALZMAN/MOODY &amp; SALZMAN FA</b>	<b>07/25/1997</b>	<b>59-3473592</b>	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22 <b>Suite D-3</b>	27 <b>Suite, Apt. #, etc.</b>						
23 <b>GAINESVILLE, FL</b>	28 <b>GAINESVILLE, FL</b>						
24 <b>32600</b>	25 <b>USA</b>						
29 <b>32600</b>	30 <b>USA</b>						

**9. Name and Address of Current Registered Agent**

**SALZMAN, ANTHONY J  
500 E UNIVERSITY AVE STE A  
GAINESVILLE FL 32601**

**10. Name and Address of New Registered Agent**

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

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RANDALL S</b>	1.2 NAME	
STREET ADDRESS	<b>7423 NW 18 AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZETROUER, GARY L JR</b>	2.2 NAME	
STREET ADDRESS	<b>7311 NW 18 AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/99**

**352-377-7887**

CR2E034 (11/98)