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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra R. Mortham

> Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000082229 (0)

QUELINDA DESIGN SOLUTIONS, INC.

Principal Place of Business Mailing Address 3748 POWERS RIDGE COURT 3748 POWERS RIDGE COURT ORLANDO FL 32808-2302 ORLANDO FL 32808-2302 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 9-3470528KM 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HELENTHAL, KAREN A **3748 POWERS RIDGE COURT** Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32808-2302 83 84 City Zip Code 11. Purstiant 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 agent and etki if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition TITLE 1.1 TO LE HELENTHAL, KAREN A NAME 1.2 NAME **3748 POWERS RIDGE COURT** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32808-2302 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TILLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change THLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE **4.1 TITLE** NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE TITLE 61 TITLE Change Addition 1000026174**4** -08/17/98--01076--037 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.  $\leq$ 

**FILED** 

Aug 12 1998 8:00am

Secretary of State

CR2E034