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

DOCUMENT # P9700082229

Corporation Name

Principal Place of Business Mailing Address State	QUELIN	JA DESIGN SOLUTIONS, II	10.				
ORLANDO FL 32808-2302 Principal Place of Business 2a Mailing Address 2a Mailing Address 4. FEI Number 59-34710528 Not Applicable Not Applicable Studio. Apt. #, etc. 21 22 27 20 27 28 28 29 30 8 20 28 29 30 8 20 20 20 20 20 20 20	Principal Place	e of Business	Mailing Address				
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2. Principal Place of Business 2a, Mailing Address 2b, Mary Country 2rd						SPACE	
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City & State	Suite, Apt.	#, etc.	—		5. Certificate of Status Desired	•	
Zip Country Zip	22						
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25 29 30 Personal Property Tax. Ves No	23						s
9. Name and Address of Current Registered Agent HELENTHAL, KAREN A 3748 POWERS RIDGE COURT ORLANDO FL 32808-2302 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 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, and familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 13. TITLE 1.1 TITLE 1.2 NAME 1.3 TITLE 1.3 TITLE 1.3 TITLE 1.4 TITLE 1.4 TITLE 1.5 TITLE	Zip	Country		-	1 =- '		_
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Addition

May 10, 1999 8:00 am Secretary of State

05-10-1999 90109 022 ***150.00