


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P94000082674</b><br>1. Corporation Name<br><b>SERENITY PLACE, INC.</b> |  |   |  |  |  |

|   |  |   |  |
|---|--|---|--|
| Principal Place of Business<br><b>105 NE 4TH ST.<br/>FT. LAUDERDALE FL 33301<br/>US</b> |  | Mailing Address<br><b>105 NE 4TH ST.<br/>FT. LAUDERDALE FL 33301<br/>US</b> |  |
|---|--|---|--|

|                                |                        |                     |            |
|--------------------------------|------------------------|---------------------|------------|
| 2. Principal Place of Business |                        | 2a. Mailing Address |            |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |                     |            |
| 22 City & State                | 27 City & State        |                     |            |
| 23 Zip                         | 24 Country             | 28 Zip              | 29 Country |
| 25                             |                        | 30                  |            |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>FINEBERG, LIBO B<br/>3500 GATEWAY DR<br/>SUITE 201<br/>POMPANO BEACH FL 33069</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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

|                            |                   |   |  |
|----------------------------|-------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | PSTD              | 11 TITLE  |  |
| NAME                       | FINEBERG, ESTELLE | 12 NAME   |  |
| STREET ADDRESS             | 105 NE 4TH ST.    | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL | 14 CITY-ST-ZIP  |  |
| TITLE                      |                   | 21 TITLE  |  |
| NAME                       |                   | 22 NAME   |  |
| STREET ADDRESS             |                   | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 24 CITY-ST-ZIP  |  |
| TITLE                      |                   | 31 TITLE  |  |
| NAME                       |                   | 32 NAME   |  |
| STREET ADDRESS             |                   | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 34 CITY-ST-ZIP  |  |
| TITLE                      |                   | 41 TITLE  |  |
| NAME                       |                   | 42 NAME   |  |
| STREET ADDRESS             |                   | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 44 CITY-ST-ZIP  |  |
| TITLE                      |                   | 51 TITLE  |  |
| NAME                       |                   | 52 NAME   |  |
| STREET ADDRESS             |                   | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 54 CITY-ST-ZIP  |  |
| TITLE                      |                   | 61 TITLE  |  |
| NAME                       |                   | 62 NAME   |  |
| STREET ADDRESS             |                   | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                   | 64 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.

SIGNATURE: *Estelle Fineberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
99 JUL 20 AM 10:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/08/1994</b>  |  |
| 4. FEI Number<br><b>65-0535474</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees                            |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |    |
|---|----|
| 10. Name and Address of New Registered Agent          |    |
| 81 Name   |    |
| 82 Street Address (P.O. Box Number is Not Acceptable) |    |
| 83  |    |
| 84 City   | FL |
| 85 Zip Code   |    |

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-08/03/99--01003--003  
\*\*\*\*150.00 \*\*\*\*150.00

CR2E034 (5/99)

6/30/99 954-766-9164

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*Estelle Fineberg Counseling Associates*

Estelle Fineberg, LCSW, LMFT, BCD  
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Division of Corporations  
Annual Reports Filing  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

To whom it may concern:

Please accept my check of \$150 for my Annual Filing Fee. I am filing it late in error. I truly believed I had completed the form and mailed it before I left the country for three weeks towards the end of May. It must have a total oversight on my part.

I would appreciate any consideration.

Thank you,

Sincerely,

*Estelle Fineberg*  
Estelle Fineberg