

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-8-96

B-

2020-NC

DOCUMENT # 661307

(9)

1. Corporation Name

SERENITY VENTURES, INC.



Principal Place of Business

Mailing Address

% MORRISON, GLENN
980 LUGO AVE.
CORAL GABLES FL 33156

% MORRISON, GLENN
980 LUGO AVE.
CORAL GABLES FL 33156

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MORRISON, GLENN
980 LUGO AVE.
CORAL GABLES FL 33156

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

03/19/1980

3a. Date of Last Report

03/17/1995

4. FCI Number

59-1999751

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 of Corporation or the person authorized to sign on its behalf

Date of Signature

Date of Signature

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MORRISON GLENN	
STREET ADDRESS	980 LUGO AVE.	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY-STATE-ZIP	
2. TITLE	☐ Change ☐ Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY-STATE-ZIP	
3. TITLE	☐ Change ☐ Addition
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
4.1 NAME	
4.2 STREET ADDRESS	
4.3 CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/98 305 662 838

CR2E034 (12/95)