SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name N95000004029 (3) SERENITY CONCEPTS, INC. Mailing Address Principal Place of Business 1860 NW 38TH AVENUE 1860 NW 38TH AVENUE LAUDERHILL FL 33312 LAUDERHILL FL 33312 3a. Date of Last Report 3. Date Incorporated or Qualified 08/21/1995 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business GOIN ONK AND PORK BLUD Not Applicable 21 601 WOAKLAND PARK BLUD 65-0616875 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required SUITE c 116 SU. TE C116 City & State 6. Election Campaign Financing \$5,00 May Be City & State r. L Added to Fees 23 FORT ORT LAUX Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zip Yes Mo 30 KREWARD 33310 Florida Statutes 333 25 BROWARD 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GERMAN, MARIO D ESQ Street Address (P.O. Box Number is Not Acceptable) 82 FLORIDA SUNRISE TOWER 83 3111 UNIVERSITY DRIVE #405 $\overline{\text{City}}$ LCORAL SPRINGS FL 33065 Zip Code 333/3 84 AKES 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 tanying with, and accept the obligations of, Section 617.0503, Florida Statutes. ESIDEN SIGNATURE required when reinstating: Signature, typed or printed name of regist ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (968) (988) OFFICERS AND DIRECTORS 13. 12 4 Addition Change DELETE 1 1 TITLE TITLE PHILLIPS. 7 BASIL PHILLIPS, BASIL 1.2 NAME **CR2E037** NAME 2850 NW 36 AUR 4880 NW 39TH TERRACE 1.3 STREET ADDRESS STREET ADORESS 33313 LAUDERBAKE LAKESITE LAUDERDALE LAKES FL 33319 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE MABEL MORRISON 21 TITLE TITLE 22 NAME NAME 1860 NW 38 AUR 23 STREET ADDRESS STREET ADDRESS MODERLIKE LY 333H 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE LETTH TOSEPH 3 2 NAME NAME 2850 NW 36 AVE 3.3 STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES 3 4. CITY - ST- ZIP CITY-ST-7/P Change DELETE 4 Addition 4 1 TITLE TITLE REUBEN SHARPE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 6802 OAKMONT NORTH LANDS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5 1 TITEE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ___ Change Addition DELETE 61 TITLE TITLE 6 2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. City-SI-ZiP

SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SH

8/1/96. 454-486 9945 Daytime Phone #

0009064