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Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004029 (3)**

1. Corporation Name

**SERENITY CONCEPTS, INC.**



Principal Place of Business

Mailing Address

1650 W. OAKLAND PARK BLVD.  
SUITE 9120  
FORT LAUDERDALE FL 33311  
US

1650 W. OAKLAND PARK BLVD.  
SUITE 9120  
FORT LAUDERDALE FL 33311  
US

3. Date Incorporated or Qualified  
**08/21/1995**

4. FEI Number

**65-0616825**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1601 W OAKLAND PARK BLVD**

26 **P O BOX 490751**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE C17**

27

City & State

City & State

23 **OAKLAND PARK, FL**

28 **FORT LAUD, FL**

Zip

Zip

24 **33311**

Country

29 **33349**

Country

25 **BROWARD**

30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, BASIL T.  
2850 NW 38 AVENUE  
LAUDERDALE LAKES FL 33311**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVT** ☐ DELETE  
NAME **PHILLIPS, BASIL T**  
STREET ADDRESS **2850 NW 38 AVENUE**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **CASANDRA ROBINSON**  
1.3 STREET ADDRESS **102 GARDEN DRIVE**  
1.4 CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **D** ☒ DELETE  
NAME **JAMES, HOWARD**  
STREET ADDRESS **7845 N.W. 148TH STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **GEISEL POLLACK**  
2.3 STREET ADDRESS **9343 NW 105T**  
2.4 CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **D** ☒ DELETE  
NAME **THORNHILL, PATRICIA**  
STREET ADDRESS **7440 N.W. 37TH COURT**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **DORACE-ANN JAMES**  
3.3 STREET ADDRESS **5845 N SARLO CLARK**  
3.4 CITY-ST-ZIP **MARGATE, FL 33068**

TITLE **D** ☒ DELETE  
NAME **BRADY, MICHAEL DR.**  
STREET ADDRESS **4330 W. BROWARD BLVD., SUITE P**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33317**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **DEVON JOHNSON**  
4.3 STREET ADDRESS **6174 HARBOR GREEN DRIVE**  
4.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Basil T. Phillips*

CR2E037 (10/97)