

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90008 007 \*\*\*\*61.25

**DOCUMENT # N95000004029**

1. Corporation Name

**SERENITY CONCEPTS, INC.**

Principal Place of Business

601 W OAKLAND PARK BLVD  
STE C17  
OAKLAND PARK FL 33311  
US

Mailing Address

P. O. BOX 490751  
FT. LAUDERDALE FL 33349  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0616825	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, BASIL T  
601 W. OAKLAND PARK BLVD., SUITE C-17  
OAKLAND PARK 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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBINSON, CASANDRA			1.2 NAME	Rosemarie McMaster-Phillips		
STREET ADDRESS	102 GARDEN DR			1.3 STREET ADDRESS	3001 NE 46th Street		
CITY-ST-ZIP	POMPANO BEACH FL 33069			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POLLACK, GISELE			2.2 NAME	Basil T. Phillips, Jr.		
STREET ADDRESS	9343 N W 10TH ST			2.3 STREET ADDRESS	P.O. Box 490751		
CITY-ST-ZIP	PLANTATION FL 33322			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33349		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JAMES, GRACE-ANN			3.2 NAME	Nicole Phillips		
STREET ADDRESS	5845 E SABLE CIRCLE			3.3 STREET ADDRESS	P.O. Box 490751		
CITY-ST-ZIP	MARGATE FL 33068			3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33349		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, DEVON			4.2 NAME			
STREET ADDRESS	6174 HARBOR GREEN DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467			4.4 CITY-ST-ZIP			
TITLE	PVT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, BASIL T			5.2 NAME			
STREET ADDRESS	2850 NW 36 AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

**SIGNATURE:** BASIL T. PHILLIPS, JR.  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

8/1/99 (954) 561-1175

Date

Daytime Phone #

CR2E037 (5/99)