

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90008 034 ****61.25

DOCUMENT # N970000000999

1. Corporation Name

SERENITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

SAME

5327 N DIXIE HIGHWAY
OAKLAND PARK, FL 33334



* 5 96128 6 90008 - 34 8 *

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2401 PGA Blvd Suite 272 Suite, Apt. #, etc.		26 PO Box 31358 Suite, Apt. #, etc.		02-21-97	
22 272 City & State		27 City & State		4. FEI Number 65-0733480	
23 Palm Beach Gardens, FL Zip Country		28 Palm Beach Gardens, FL Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33410 25 USA		29 33420 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT C. STEWART
5327 N. DIXIE HIGHWAY
OAKLAND PARK, FL 33334

81 Name	Linda Cruce
82 Street Address (P.O. Box Number is Not Acceptable)	2401 PGA Blvd, Suite 272,
83	
84 City	Palm Beach Gardens FL
85 Zip Code	33410

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	DIR. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT C. STEWART	1.2 NAME	Bud Palmieri
STREET ADDRESS	5309 N DIXIE	1.3 STREET ADDRESS	2401 PGA Blvd Suite 272
CITY-ST-ZIP	OAKLAND PARK, FL 33334	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	DIR. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY STEWART	2.2 NAME	Linda Cruce
STREET ADDRESS	5309 N. DIXIE	2.3 STREET ADDRESS	2401 PGA Blvd Suite 272
CITY-ST-ZIP	OAKLAND PARK, FL 33334	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	DIR. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT W. STEWART	3.2 NAME	William Bell
STREET ADDRESS	5309 N. DIXIE	3.3 STREET ADDRESS	2401 PGA Blvd Suite 272
CITY-ST-ZIP	OAKLAND PARK, FL 33334	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V.P. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BLOCK	5.2 NAME	
STREET ADDRESS	275 EAST OAKLAND PARK Blvd	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

7/13/99

Date

Daytime Phone #

561-775-0855

CR2E037 (11/98)