

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000038132 (5)**

1. Corporation Name
SERENITY YACHT CLUB, INC.

Principal Place of Business
**6400 N ANDREWS AVE
SUITE 200
FT LAUDERDALE FL 33309**

Mailing Address
**6400 N ANDREWS AVE
SUITE 200
FT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 11001 Executive Center Dr.		05/26/1993	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Little Rock, AR		65-0419187	
24 Country		29 72211		Applied For	
		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MULLER, RALPH P 6400 N ANDREWS AVE SUITE 200 FT LAUDERDALE FL 33309				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MULLER, RALPH P 6400 N ANDREWS AVE SUITE 200 FT LAUDERDALE FL 33309		81 Name C.T. Corporation Systems	
		82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd.	
		83	
		84 City Plantation FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME CEO MULLER, RALPH P		1.2 NAME John W. McConnell	
STREET ADDRESS 6400 N ANDREWS AVE, STE 200		1.3 STREET ADDRESS 11001 Executive Center Dr.	
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP Little Rock, AR 72211	
TITLE <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DP SHEEHAN, KEVIN M		2.2 NAME Franz Hanning	
STREET ADDRESS 6400 N. ANDREWS AVE STE 200		2.3 STREET ADDRESS 11001 Executive Center Dr.	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP Little Rock, AR 72211	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DCFO CAIRO, HENRY M		3.2 NAME Henry M. Cairo	
STREET ADDRESS 6400 N ANDREWS AVE, STE 200		3.3 STREET ADDRESS 6400 N. Andrews Ave., Ste 200	
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP Ft Lauderdale, FL 33309	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME Robert W. Howeth	
STREET ADDRESS		4.3 STREET ADDRESS 11001 Executive Center Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Little Rock, AR 72211	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		5.2 NAME Marcel J. Dumony	
STREET ADDRESS		5.3 STREET ADDRESS 11001 Executive Center Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Little Rock, AR 72211	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		6.2 NAME AS William J Bennett	
STREET ADDRESS		6.3 STREET ADDRESS 11001 Executive Center Dr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Little Rock, AR 72211	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

504-228-2700

CR2E034 (10/97)