

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089774 (1)**

1. Corporation Name  
**SERENE, INC.**



Principal Place of Business  
**12119 BAMUAM RPAD  
NORTH PALM BEACH FL 33420-1947  
US**

Mailing Address  
**P.O. BOX 31947  
PALM BEACH GARDENS FL 33420-1947**

2. Principal Place of Business  
21 **12119 Banyan Road**

2a. Mailing Address  
26  
State, Apt. #, etc.

22  
City & State

27  
City & State

23  
Zip Country

29  
Zip Country

9. Name and Address of Current Registered Agent

**KORNSTEIN, CAROLINE  
12119 BANYAN ROAD  
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified **12/12/1994** 3a. Date of Last Report **03/13/1995**  
4. FEI Number **65-0539689** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 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 of corporation (if registered by mail, then applicable)

NOTE: Registered Agents given to registered agents filing

DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **D KORNSTEIN, CAROLINE**  
STREET ADDRESS **12119 BANYAN ROAD**  
CITY-STATE-ZIP **NORTH PALM BEACH FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12  
1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP  
9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP  
13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP  
17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carole Kornstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 196**

**407622 2450**

Date

Exhibit Fee

CR2E034 (12/95)