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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90248 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000089774

1. Corporation Name
SERENE, INC.

Principal Place of Business
747 SANCTUARY COVE DR
NORTH PALM BEACH FL 33410
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12990 Blue Lake Dr
Suite, Apt. #, etc.

22 Drive
City & State

23 Wellington
Zip Country

24 Florida 25 US 33414

2a. Mailing Address

26 PO Box 673 Oxonhatchee
Suite, Apt. #, etc.

27 Florida 33470
City & State

28
Zip Country

29 30

9. Name and Address of Current Registered Agent

KORNSTEIN, CAROLINE
747 SANCTUARY COVE DR
NORTH PALM BEACH FL 33410

10. Name and Address of New Registered Agent

81 Name Caroline Kornstein

82 Street Address (P.O. Box Number is Not Acceptable)
12990 Blue Lake Drive

83 Wellington

84 City Wellington

85 Zip Code FL 33414

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

TITLE D
NAME KORNSTEIN, CAROLINE
STREET ADDRESS 747 SANCTUARY COVE DR
CITY-ST-ZIP NORTH PALM BEACH FL 33410

TITLE ~~Kornstein Caroline~~
NAME ~~Kornstein Caroline~~
STREET ADDRESS ~~747 Sanctuary Cove Dr~~
CITY-ST-ZIP ~~North Palm Beach FL 33410~~

TITLE President
NAME Caroline Kornstein
STREET ADDRESS 12990 Blue Lake Drive
CITY-ST-ZIP Wellington FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 607, 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

Date

Daytime Phone #

CR2E034 (1/98)