

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

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000040561 (8)**  
 1. Corporation Name  
**SERENDIPITY HOLDINGS, INC.**



Principal Place of Business 11555 TRADEWINDS BLVD. LARGO FL 34643	Mailing Address 11555 TRADEWINDS BLVD. LARGO FL 34643
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 670 ISLAND WAY Suite, Apt. #, etc. 22 UNIT #803 City & State 23 CLEARWATER, FL Zip 24 33767	2a. Mailing Address 25 670 ISLAND WAY Suite, Apt. #, etc. 27 UNIT #803 City & State 28 CLEARWATER, FL Zip 29 33767	3. Date Incorporated or Qualified 05/06/1996	4. FEI Number 59-3381610	Applied For Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	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 CLINE, HARRY S 400 CLEVELAND ST. SUITE 800 CLEARWATER FL 34615	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 625 COURT STREET 83 SUITE 200 84 City CLEARWATER FL 85 Zip Code 33756
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURRELL, ROGER 11555 TRADEWINDS BLVD. LARGO FL 34643 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURRELL, CAROL A 11555 TRADEWINDS BLVD. LARGO FL 34643 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGNIARD, JEFFREY R 11555 TRADEWINDS BLVD. LARGO FL 34643 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOGNIARD, JASON R 11555 TRADEWINDS BLVD. LARGO FL 34643 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Carol M. Turrell **REQUIRED** 1/9/98 813-447-5578

CR2E034 (10/97)