

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 20 1998 8:00am
Secretary of State

DOCUMENT # P97000025334 (8)

1. Corporation Name

SERENDIPITY OF FLAGLER BEACH, INC.



Principal Place of Business

1815 A1A
FLAGLER BEACH FL 32136

Mailing Address

1815 A1A
FLAGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 608 S. OCEANSHORE BLVD

Suite, Apt. #, etc.

22 FLAGLER BEACH

City & State

23 FLAGLER FLORIDA

Zip

24 32136

Country

25 FLAGLER

2a. Mailing Address

27 P.O. BOX 38

Suite, Apt. #, etc.

28 FLAGLER BEACH FL

City & State

29 FLAGLER BEACH FL

Zip

30 32136

Country

9. Name and Address of Current Registered Agent

WARM, STEVEN
BOCA CORPORATE CENTER
2101 CORPORATE BLVD SUITE 215
BOCA RATON FL 33431

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D WHITTAKER, RICHARD F
1815 A1A
FLAGLER BEACH FL 32136

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 50% OWNER AND ☐ Change ☒ Addition

1.2 NAME PRESIDENT

1.3 STREET ADDRESS ALBERTA WHITTAKER

1.4 CITY-ST-ZIP 1815 A1A FLAGLER BEACH FL 32136

2.1 TITLE 50% OWNER ☐ Change ☒ Addition

2.2 NAME FRANK E. ANNEILLO

2.3 STREET ADDRESS 460 BROAD AVE

2.4 CITY-ST-ZIP LEONIA, N.J. 07060

3.1 TITLE 50% OWNER ☐ Change ☒ Addition

3.2 NAME SANTINA WHITTAKER

3.3 STREET ADDRESS 460 BROAD AVE

3.4 CITY-ST-ZIP LEONIA, N.J. 07060

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.

CR2E034 (10/97)