**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **S94492** **(3)**

1. Corporation Name

**SEREEN, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4344 ARNOLD AVE.<br>NAPLES FL 33942<br>US | 122 WEST ATLANTIC AVENUE<br>DELRAY BEACH FL 33444 |

3. Date Incorporated or Qualified: 11/15/1991
3a. Date of Last Report: 03/21/1995

4. FEI Number: 65-0380943 ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 122 west Atlantic Ave. | 26 |
| 22 Suite, Apt. #, etc. Delray Bch, Florida | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip 33444 25 Country U.S. | 29 Zip 30 Country |

**9. Name and Address of Current Registered Agent**

GRANT, RUSSELL J.
591 NEAPOLITAN LN.
NAPLES FL 33940

**10. Name and Address of New Registered Agent**

81 Name: AMJED HAMDAN
82 Street Address (P.O. Box Number is Not Acceptable): 2744 SW 6th Street
83 Delray Bch, Florida
84 City FL 85 Zip Code 33445

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] AMJED HAMDAN 3-4-96
Signature of New Registered Agent (if changing) — Name of New Registered Agent (if changing) — DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 11 TITLE | DP | ☐ Change ☐ Addition |
| NAME | HAMDAN, AMJED | | 12 NAME | HAMDAN, AMJED | |
| STREET ADDRESS | 591 NEAPOLITAN | | 13 STREET ADDRESS | 2744 SW 6th Street | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 14 CITY-ST-ZIP | Delray Beach, Florida 33445 | |
| TITLE | DV | ☐ DELETE | 21 TITLE | DV | ☐ Change ☐ Addition |
| NAME | HAMDAN, LUPNA | | 22 NAME | HAMDAN, LUPNA | |
| STREET ADDRESS | 591 NEAPOLITAN | | 23 STREET ADDRESS | 2744 SW 6th Street | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 24 CITY-ST-ZIP | Delray Bch, FL 33444 | |
| TITLE | | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (12/95)

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)(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 added in connection with an address.

**SIGNATURE:** [signature] AMJED HAMDAN 3-2-96 (407) 276-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #