

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N13637 (6)

1. Corporation Name

ALL ABOUT FAMILIES, INC.



Principal Place of Business

P.O. BOX 1203  
P. O. BOX 1203  
JENSEN BEACH FL 34951

Mailing Address

P.O. BOX 1203  
P. O. BOX 1203  
JENSEN BEACH FL 34951

3. Date Incorporated or Qualified  
03/03/1986

3a. Date of Last Report  
03/16/1995

4. FEI Number  
59-2649637

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DIEMICKE, ELEANOR  
1181 SW SUNDEW CT.  
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name GINA HALLERAN  
82 Street Address (P.O. Box Number is Not Acceptable) 1625 SW WATERFALL BLVD.  
83  
84 City PALM CITY FL 85 Zip Code 34990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gina Halleran*

GINA HALLERAN

6/28/96

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	DELETE
D	KLAGER, MICHELE	641 SE SOUTHWOOD TRL	STUART FL	<input type="checkbox"/>
D	SMITH, LYNNE	3038 ORCHID STREET	STUART FL	<input type="checkbox"/>
S	TAYLOR, MARIE	4210 SE BOXLEAF PLACE	STUART FL	<input checked="" type="checkbox"/>
D	DIEMICKE, ELEANOR	1181 SW SUNDEW CT.	PALM CITY FL	<input checked="" type="checkbox"/>
D	GIASULLO, DONNA	688 HIDDEN RIVER ROAD	PALM CITY FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
ADD	SOPHIA VOCELKA	1350 NW LAKESIDE TRAIL	STUART FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	GINA HALLERAN	1625 SW WATERFALL BLVD	PALM CITY FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	LISA GOLD BLATT	4336 SW OAKHAVEN LANE	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	MARIE PAGE	5879 MITZI LANE	STUART FL. 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gina Halleran* GINA HALLERAN 6/28/96 (407) 283-4847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)