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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003286 (9)
1. Corporation Name
ALL ABOUT ADOPTIONS, INC.

Principal Place of Business Mailing Address
501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901
501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901-5426

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	07/30/1992	06/20/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-3193831	Not Applicable
23	24	28	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	<input type="checkbox"/>
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRASS, MARLENE 445 HARWOOD AVE. SATELLITE BEACH FL 32937				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GRASS, MARLENE 501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASS, MARLENE		1.2 NAME Mikal W. GRASS
STREET ADDRESS	501 A. EAST NEW HAVEN AVE.		1.3 STREET ADDRESS 400 Leslie Drive # 1006
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP HALLENDALE, Florida. 33009
TITLE	D ABRAMOWITZ, BENJAMIN 735 APOLLO CIR. N.E. PALM BAY FL 32937	<input type="checkbox"/> DELETE	2.1 TITLE DR. DANIEL BLUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMOWITZ, BENJAMIN		2.2 NAME DR. DANIEL BLUE
STREET ADDRESS	735 APOLLO CIR. N.E.		2.3 STREET ADDRESS 310 Hamlin Avenue
CITY-ST-ZIP	PALM BAY FL 32937		2.4 CITY-ST-ZIP SATELLITE BEACH, FL. 32937
TITLE	D DENIUS, SYDNEY 445 SANDY KEY MELBOURNE FL	<input type="checkbox"/> DELETE	3.1 TITLE D. BARRY Schneirov <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENIUS, SYDNEY		3.2 NAME D. BARRY Schneirov
STREET ADDRESS	445 SANDY KEY		3.3 STREET ADDRESS 840 N. W. 10th Avenue
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP PLANTATION, FLORIDA
TITLE	D CRUMMEY, PETER 380 RIGGS MELBOURNE BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 000002398600--3 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMMEY, PETER		4.2 NAME
STREET ADDRESS	380 RIGGS		4.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE BEACH FL		4.4 CITY-ST-ZIP
TITLE	D SMITH, STUART 128 SAN PAVLO CIRCLE W. MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STUART		5.2 NAME JOHNSON, BILL
STREET ADDRESS	128 SAN PAVLO CIRCLE		5.3 STREET ADDRESS 2258 Mockingbird Lane, Indialantic,
CITY-ST-ZIP	W. MELBOURNE FL		5.4 CITY-ST-ZIP
TITLE	D WEATHERS, CLARICE 1452 HILLCREST DR. MELBOURNE FL	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERS, CLARICE		6.2 NAME
STREET ADDRESS	1452 HILLCREST DR.		6.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am a director or officer of the corporation with an address.

OP 1-8-98
MARLENE GRASS
407

CR2E037 (9/96)