

AMENDED
FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 DEC 31 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

3. Date Incorporated or Qualified
07/30/1992

3a. Date of Last Report
06/20/1996

4. FEI Number

59-3193831

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **P GRASS, MARLENE**
STREET ADDRESS **501 A. EAST NEW HAVEN AVE.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE

NAME **D ABRAMOWITZ, BENJAMIN**
STREET ADDRESS **735 APOLLO CIR. N.E.**
CITY-ST-ZIP **PALM BAY FL 32937**

TITLE ☐ DELETE

NAME **D DENIUS, SYDNEY**
STREET ADDRESS **445 SANDY KEY**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME **D CRUMMEY, PETER**
STREET ADDRESS **380 RIGGS**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE ☒ DELETE

NAME **D SMITH, STUART**
STREET ADDRESS **128 SAN PAVLO CIRCLE**
CITY-ST-ZIP **W. MELBOURNE FL**

TITLE ☐ DELETE

NAME **D WEATHERS, CLARICE**
STREET ADDRESS **1452 HILLCREST DR.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

Mikal W. GRASS
400 Leslie Drive # 1006
HALLANDALE, Florida 33009

DR. DANIEL BLUE
310 Hamlin Avenue
SATELLITE BEACH, FL 32937

D. BARRY Schneirov
840 N.W. 10th Avenue
PLANTATION, FLORIDA

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D JOHNSON, BILL
2258 Mockingbird Lane, Indialantic,

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 I 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 not an officer or director with an address.

CR2E037 (9/96)