FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:36

DOCUMENT # 768422 (8)

1. Corporation Name

ADOPTION SERVICES, INC.

Principal Place of Business	Mailing Address
3003 SOUTH CONGRESS AVE. 1-C/1-F PALM SPRINGS FL 33461 US	3003 SOUTH CONGRESS AVE. 1-C/1-F PALM SPRINGS FL 33461 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1983
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2340962 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COHN, BENNETT S.
1400 CENTREPARK BLVD
SUITE 360
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 205 SIXTH STREET
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	NEEDLE, MONA	1.2 NAME	LYNN FOLEY	
STREET ADDRESS	1501 PRESIDENTIAL WAY	1.3 STREET ADDRESS	3158 RIDDLE ROAD	
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, JR. W	2.2 NAME		
STREET ADDRESS	3158 RIDDLE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LARKIN, KEVIN	3.2 NAME		
STREET ADDRESS	10 CHAPEL CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SEAMAN, SUZANNE	4.2 NAME		
STREET ADDRESS	6767 3RD ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BALFOUR, SUSAN	5.2 NAME		
STREET ADDRESS	301 BROADWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH. FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BALFOUR, JOHN	6.2 NAME		
STREET ADDRESS	2560 RCA BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP		

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

SIGNATURE: Lynn Foley LYNN FOLEY 1/24/95 407 964-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000040