

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768422** (8)

1. Corporation Name

**ADOPTION SERVICES, INC.**



Principal Place of Business <b>3003 SOUTH CONGRESS AVE. 1-C/1-F PALM SPRINGS FL 33461 US</b>	Mailing Address <b>3003 SOUTH CONGRESS AVE. 1-C/1-F PALM SPRINGS FL 33461 US</b>
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3. Date Incorporated or Qualified <b>05/12/1983</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2340962</b>		

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>COHN, BENNETT S. 205 SIXTH STREET W PALM BCH FL 33401</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>Sheri Mayhew</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>3003 S. Congress Avenue</b> <b>83</b> Suite <b>1-C</b> <b>84</b> City <b>Palm Springs,</b> <b>FL</b> <b>85</b> Zip Code <b>33461</b>
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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 Sheri Mayhew **SHERI MAYHEW** **2/10/98**  
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	<input type="checkbox"/> DELETE
NAME	<b>D NEEDLE, MONA</b>
STREET ADDRESS	<b>1501 PRESIDENTIAL WAY</b>
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D FOLEY, JR. W</b>
STREET ADDRESS	<b>3158 RIDDLE ROAD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LARKIN, KEVIN</b>
STREET ADDRESS	<b>10 CHAPEL CIRCLE</b>
CITY-ST-ZIP	<b>TEQUESTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SEAMAN, SUZANNE</b>
STREET ADDRESS	<b>6767 3RD ROAD</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BALFOUR, SUSAN</b>
STREET ADDRESS	<b>301 BROADWAY</b>
CITY-ST-ZIP	<b>RIVERA BCH. FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BALFOUR, JOHN</b>
STREET ADDRESS	<b>2560 RCA BLVD</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Lynn Foley</b>
1.3 STREET ADDRESS	<b>3158 Riddle Road</b>
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE: Lynn Foley **2/10/98** **5619690591**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0044365

CF2E037 (10/97)