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NONPROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **N49229**

1. Corporation Name

ADOPTION PLACEMENT, INC.

Principal Place of Business Mailing Address												
2734 E. OAKLA	and park blvd.	2734 E. OAKLAND PARK BL	4 E. OAKLAND PARK BLVD.									
104	1 F. St. 20000	104				İ						
FT. LAUDERDA US	LE FL 33306	US	FT. LAUDERDALE FL 33306				r 18841181 4					., 2.2., ,20,
US								•				
2. Principal Pi	lace of Business					e Incorpo	orated or Qual	ifed				
21	lace of Business	2a. Mailing Address					04/199					
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Number				Api	olied For
22		27				65	03269	41-			· · · · · Not	Applicable :
City & State	e	City & State				5 Cor	lifeate of	Status Desire	.d. П		\$8.75 A	-
23		28				J. Cen	uicate oi	Otatus Desire			Fee Re	quired
Zip	Country	Zip Country				6. Election Campaign Financing \$5.00 May Be						
24	25 29 3					Trust Fund Contribution Added to Fees						
	9. Name and Address of Current	Registered Agent		_		10. Nar	ne and	Address of N	ew Regist	ered A	gent	_
			8	រ	Name			•	•			ì
SCHERER, MARY ANN				32	Street Add	iress (P.O. I	Box Num	ber is Not Ac	ceptable)			-
2734 E. OAKLAND PARK BLVD.						`			_		<u>.</u>	
SUITE 200			8	33								
FT. LAUDERDALE FL 33306			1	34	City						85 Zip C	ode
				-	•					<u>FL</u>		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statuter	s, the abo	ove	-named cor	poration sub	mits this	statement for	the purpo	se of c	hanging its	registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	monzeo i	JV U	irie corporat	ion's poaru	oi directi	ors. I nereby a	iccept tile	appoii	unent as reg	Jistorou
=	The state of the s											ļ
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist					t signature requir	red when reinsta	ting)		DA			
12.	OFFICERS AND DIRECTORS			13.			ITIONS/	CHANGES TO	OFFICE	RS AND		
TITLE	DT (DOELETE		1.1 TITLE			DT.			,		Change	Addition
NAME	Russell White		1.2 NAM	Ε			F	shman	, 67			
STREET ADDRESS 2734 EAS OAKLAND PK BLVD			1.3 STR	EET.	ADDRESS	2301	w.	sample	, KB			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY	-ST	- ZIP	Pompa		FL				
TITLE	S □ DELETE		2.1 1111⊔	Ē		• • •					Change	☐ Addition
NAME	KAVEN ZANN			Ε	ŀ							
STREET ADDRESS	ET ADDRESS 2734 EAST OAKLAND PARK BLVD .			EET	ADDRESS							
CITY-ST-ZIP	ST-ZIP FT LAUDERDALE FL			Y-S1	T-21P		• •			_	- 4	
TITLE	DP	☐ DELETE	3.1 TITL	E				_	.		Change	☐ Addition
NAME	CESTARIC, ROBERTA		3.2 NAM	E						•		
STREET ADDRESS	2734 EAST OAKLAND PARK BLV	/D	3.3 STR	EET.	ADDRES\$,				
CITY-ST-ZIP	FT LAUDERDALE FL	_	3.4. CM	Y-ST	T-27P							
TITLE	VP	☐ DELETE	4.1 TITL								☐ Change	☐ Addition
NAME	ARNOLD, FRANCES A		4, 2 NAA	ΛE							,	
STREET ADDRESS	2734 EAST OAKLAND PARK BLV	'n			ADDRESS							
	FT LAUDERDALE FL		4.4 CITY-ST-ZIP									
CITY-ST-ZIP	D	☐ DELETE	5.1 TITL		10-				,		Change	☐ Addition
			5.2 NAV									
NAME	Lopez, Susan 2734 e. Oakland Park Blvd.	#104			ADDRESS							·
STREET ADDRESS		FIUT	5.4 CITY					•				•
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELETE	6.1 TITL		1-8,31			• •			Change	☐ Addition
TITLE		□ occeis	6.2 NAM									
NAME					ADDRESS			•				,
STREET ADDRESS	1		0.00									

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954-564-2950