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FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000584 (0)

1. Corporation Name

ADOPTION ADVISORY ASSOCIATES, INC.

Principal Place of Business

299 CAMINO GARDENS BLVD.

MIZNER PARK SUITE 275

433 PLAZA REAL SUITE 205

BOCA RATON FL 33432

Mailing Address

299 CAMINO GARDENS BLVD.

MIZNER PARK SUITE 275

433 PLAZA REAL SUITE 205

BOCA RATON FL 33432-3932



3. Date Incorporated or Qualified

02/02/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 299 CAMINO GARDENS BLVD.

Suite, Apt. #, etc.

22 SUITE 275

City &amp; State

23 BOCA RATON, FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 299 CAMINO GARDENS BLVD.

Suite, Apt. #, etc.

27 SUITE 275

City &amp; State

28 BOCA RATON, FL

Zip

29 33432

Country

30 USA

4. FEI Number

65-0648576

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

EISEN, CHERYL R

MIZNER PARK, SUITE 275

433 PLAZA REAL

BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 CHERYL R. EISEN, ATT. at LAW

83 Street Address (P.O. Box Number is Not Acceptable)

299 CAMINO GARDENS BLVD.

84 SUITE 205

City

BOCA RATON

FL

85 Zip Code

33432

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

OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	EISEN, CHERYL R	
STREET ADDRESS	910 S.W. 21ST LANE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OKEN, SALLY B	
STREET ADDRESS	722 CARMEL COURT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLACHMAN, NEIL	
STREET ADDRESS	2898 N.W. 28TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANOUSE, VALERIE G	
STREET ADDRESS	370 W. CAMINO GARDENS BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROGATINSKY, SAMUEL	
STREET ADDRESS	3111 STERLING ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EISEN, CHERYL R.	
1.3 STREET ADDRESS	299 CAMINO GARDENS BLVD. SUITE 205	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	SDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OKEN, SALLY B.	
2.3 STREET ADDRESS	299 CAMINO GARDENS BLVD., SUITE 205	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLACHMAN, NEIL	
3.3 STREET ADDRESS	398 CAMINO GARDENS BLVD., SUITE 110	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BETTY G. MARVIN	
5.3 STREET ADDRESS	2496 N.W. 49 TERR.	
5.4 CITY-ST-ZIP	BOCONUT CREEK, FL 33063	
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 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 changed, or on an attachment with an address.

SIGNATURE:

Cheryl R. Eisen

CHERYL R. EISEN

2/20/97 (561)362-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038864

CR2E037 (9/96)