

FILE NOW: FILING FEE IS \$61.25.

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May 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000000584 (0)**

1. Corporation Name

ADOPTION ADVISORY ASSOCIATES, INC.



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|---|--|
| Principal Place of Business 299 CAMINO GARDENS BLVD. STE 205 BOCA RATON FL 33432 US | Mailing Address 299 CAMINO GARDENS BLVD. STE 205 BOCA RATON FL 33432 US |
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|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. STE 205 26 City & State 27 Zip 28 Country |
|---|---|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 02/02/1996 | 4. FEI Number 65-0648576 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No | | |

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| 9. Name and Address of Current Registered Agent EISEN, CHERYL R ATTY AT 299 CAMINO GARDENS BLVD. STE 205 BOCA RATON FL 33432 | |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PTDM |
| STREET ADDRESS | EISEN, CHERYL R |
| CITY-ST-ZIP | 299 CAMINO GARDENS BLVD. STE 205 BOCA RATON FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SDM |
| STREET ADDRESS | OKEN, SALLY B |
| CITY-ST-ZIP | 299 CAMINO GARDENS BLVD. STE 205 BOCA RATON FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D |
| STREET ADDRESS | GLACHMAN, NEIL |
| CITY-ST-ZIP | 398 CAMINO GARDENS BLVD. STE 110 BOCA RATON FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D |
| STREET ADDRESS | KANOUSE, VALERIE G |
| CITY-ST-ZIP | 370 W. CAMINO GARDENS BLVD. BOCA RATON FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D |
| STREET ADDRESS | MARVIN, BETTY G |
| CITY-ST-ZIP | 2496 NW 49TH TERRACE COCONUT CREEK FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | D |
| 1.3 STREET ADDRESS | JERRY R. WEXLER, M.D. |
| 1.4 CITY-ST-ZIP | 951 N.W. 13 STREET, SUITE 5-D BOCA RATON, FL 33486 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | D |
| 2.3 STREET ADDRESS | CAROL K. WINIG |
| 2.4 CITY-ST-ZIP | 2165 N.W. 62 DRIVE BOCA RATON, FL |
| 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: *Cheryl R Eisen* **DOUGLAS R. EISEN 4/20/98 561-362-5222**

CP2E037 (10/97)