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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000584					
1. Corporation Name ADOPTION ADVISORY ASSOCIATES, INC.					
Principal Place of Business 299 CAMINO GARDENS BLVD. STE 205 BOCA RATON FL 33432 US			Mailing Address 299 CAMINO GARDENS BLVD. SUITE 205 BOCA RATON FL 33432 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/02/1996 4. FEI Number 65-0648576 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent EISEN, CHERYL R ATTY AT 299 CAMINO GARDENS BLVD. STE 205 BOCA RATON FL 33432				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	
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 reappointing) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PTDM <input type="checkbox"/> DELETE NAME EISEN, CHERYL R STREET ADDRESS 299 CAMINO GARDENS BLVD. STE 205 CITY-ST-ZIP BOCA RATON FL 33432			1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME GAIL SHANDLER, GAIL 1.3 STREET ADDRESS 4748 S. OCEAN BLVD., #404 1.4 CITY-ST-ZIP BOCA RATON, FL 33487		
TITLE SDM <input type="checkbox"/> DELETE NAME OKEN, SALLY B STREET ADDRESS 299 CAMINO GARDENS BLVD. STE 205 CITY-ST-ZIP BOCA RATON FL 33432			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME WEXLER, JERRY R. STREET ADDRESS 951 NW 13TH ST, SUITE 5-D CITY-ST-ZIP BOCA RATON FL 33486			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME KANOUSE, VALERIE G STREET ADDRESS 370 CAMINO GARDENS BLVD. STE 300 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		
TITLE D <input type="checkbox"/> DELETE NAME EICHELBAUM STREET ADDRESS 2496 NW 49TH TERRACE CITY-ST-ZIP COCONUT CREEK FL 33063			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME WING, CAROL K. STREET ADDRESS 2165 NW 62 DRIVE CITY-ST-ZIP BOCA RATON FL 33496			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, with all other like empowered.

SIGNATURE: *Cheryl R. Eisen* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 (561) 362-5222

Date Daytime Phone #

CR2E037 (11/98)