FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003286

1. Corporation Name
ALL ABOUT ADOPTIONS, INC.

Principal Place of Business	Mailing Address
501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901	P.O. BOX 1621 MELBOURNE FL 32901 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3193831	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRASS, MARLENE
445 HARWOOD AVE.
SATELLITE BEACH FL 32937

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	GRASS, MIKAL W.	1.2 NAME		
STREET ADDRESS	2000 GOFF PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ABRAMOWITZ, BENJAMIN	2.2 NAME		
STREET ADDRESS	735 APOLLO CIR. N.E.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32937	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DENNUS, SYDNEY	3.2 NAME		
STREET ADDRESS	445 SANDY KEY	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	SHEER, JEFFREY	4.2 NAME	Peter Crummey.	
STREET ADDRESS	2370 S. ATLANTIC AVE.	4.3 STREET ADDRESS	360 Riays	
CITY-ST-ZIP	COCOA BEACH FL 32931	4.4 CITY-ST-ZIP	Melbourne Beach, Florida. 32951	
TITLE	D	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	GRASS, IRVING	5.2 NAME	Stuart Smith	
STREET ADDRESS	445 HARWOOD AVE.	5.3 STREET ADDRESS	148 San Paulo Circle	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	5.4 CITY-ST-ZIP	West Melbourne, FL. 32904	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WEATHERS, CLARISE	6.2 NAME		
STREET ADDRESS	1452 HILLCREST DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mikal W Grass, President 407-727-0068
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A12 CP