

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUN 20 AM 9:25

DOCUMENT # N96000003286

1. Corporation Name

ALL ABOUT ADOPTIONS, INC.

Principal Place of Business

Mailing Address

501A EAST NEW
HAVEN AVENUE
Melbourne, FL 32901

700001869577
-06/20/96--01049--006
*****61.25 *****61.25

3. Date Incorporated or Qualified

3a. Date of Last Report

July 1992

1995

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. SAME

26. SAME

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IRVING GRASS, Attorney
505 R. NEW HAVEN AV.
Melbourne, FL 32901

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

Irving Grass

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-instating)

JUNE 6, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Mikael W. GRASS PRESIDENT

TITLE NAME STREET ADDRESS CITY-ST-ZIP
BENJAMIN ABRAMOWITZ CHAIRMAN
135 Apollo Circle, NE.
Palm Bay, FL.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Board Member
Sydney Dennis
445 Sandy Key
Melbourne Beach, FL.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Board Member
Clarice WEATHERS
1452 Hillcrest Drive
Melbourne, FL.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Board Member
Peter Crommey
P.O. Box 510405
Melbourne Beach, FL.

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Board Member
Stuart Smith
128 S. Apollo Circle
W. Melbourne, FL 32904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP
Marlene GRASS, PRES.
501A EAST NEW HAVEN AVENUE
Melbourne, FL 32901.

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

31 TITLE NAME STREET ADDRESS CITY-ST-ZIP

41 TITLE NAME STREET ADDRESS CITY-ST-ZIP

51 TITLE NAME STREET ADDRESS CITY-ST-ZIP

61 TITLE NAME STREET ADDRESS 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)(k), 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:

Marlene Grass, President

6-6-96 407-723-0089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/96)