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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N96000003286 (9)

1. Corporation Name
ALL ABOUT ADOPTIONS, INC.

Principal Place of Business	Mailing Address
501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901	501 A. EAST NEW HAVEN AVE. MELBOURNE FL 32901-5426

3. Date Incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 06/20/1996

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

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

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 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 _____ 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	XX DELETE	11 TITLE	XXX Change ☐ Addition
NAME	GRASS, MARLENE		12 NAME	MIKAL GRASS, PRESIDENT
STREET ADDRESS	501 A. EAST NEW HAVEN AVE.		13 STREET ADDRESS	19701 E Country Club Drive
CITY-ST-ZIP	MELBOURNE FL 32901		14 CITY-ST-ZIP	Aventura, Florida 33180
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ABRAMOWITZ, BENJAMIN		22 NAME	
STREET ADDRESS	735 APOLLO CIR. N.E.		23 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32937		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DENIUS, SYDNEY		32 NAME	
STREET ADDRESS	445 SANDY KEY		33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CRUMMEY, PETER		42 NAME	
STREET ADDRESS	380 RIGGS		43 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL		44 CITY-ST-ZIP	
TITLE	D	☑ DELETE	51 TITLE	☐ Change ☑ Addition
NAME	SMITH, STUART		52 NAME	D
STREET ADDRESS	128 SAN PAVLO CIRCLE		53 STREET ADDRESS	JOHNSON, BILL
CITY-ST-ZIP	W. MELBOURNE FL		54 CITY-ST-ZIP	2258 Mockingbird Lane, Indialanti Florida
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	WEATHERS, CLARICE		62 NAME	
STREET ADDRESS	1452 HILLCREST DR.		63 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		64 CITY-ST-ZIP	

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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.

MIKAL GRASS 6/19/97 407