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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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. **501 A. EAST NEW HAVEN AVE.**
MELBOURNE FL 32901 **MELBOURNE FL 32901**

3. Date Incorporated or Qualified

07/30/1992

4. FEI Number

59-3193831

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRASS, MARLENE
445 HARWOOD AVE.
SATELLITE BEACH FL 32937

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 **NO CHANGE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **GRASS, MARLENE**
STREET ADDRESS **19701 E COUNTRY CLUB DRIVE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ DELETE
NAME **ABRAMOWITZ, BENJAMIN**
STREET ADDRESS **735 APOLLO CIR. N.E.**
CITY-ST-ZIP **PALM BAY FL 32937**

TITLE **D** ☐ DELETE
NAME **DENIUS, SYDNEY**
STREET ADDRESS **445 SANDY KEY**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE
NAME **CRUMMEY, PETER**
STREET ADDRESS **380 RIGGS**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **D** ☐ DELETE
NAME **JOHNSON, BILL**
STREET ADDRESS **2258 MOCKINGBIRD LAND**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☐ DELETE
NAME **WEATHERS, CLARICE**
STREET ADDRESS **1452 HILLCREST DR.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Marlene Grass att'y

2-17-98

CR2E037 (1097)