02231999-90024-033-$61.50-$61.50

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 19 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

105175-90024-33

# DOCUMENT # N96000003286

1. Corporation Name
ALL ABOUT ADOPTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 501 A. EAST NEW HAVEN AVE.<br>MELBOURNE FL 32901 | 501 A. EAST NEW HAVEN AVE.<br>MELBOURNE FL 32901 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>07/30/1992 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3193831 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

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 | ☐ DELETE | 1.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | GRASS, MIKAL W | | 1.2 NAME | WEATHERS, CLARICE | |
| STREET ADDRESS | 400 LESLIE DRIVE, #1006 | | 1.3 STREET ADDRESS | 1452 Hillcrest Drive | |
| CITY-ST-ZIP | HALLENDALE FL 33009 | | 1.4 CITY-ST-ZIP | Melbourne, FL | |
| TITLE | D | ☐ DELETE | 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 | ☐ DELETE | 3.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | DENIUS, SYDNEY | | 3.2 NAME | PETER CRUMMEY | |
| STREET ADDRESS | 445 SANDY KEY | | 3.3 STREET ADDRESS | 380 Riggs | |
| CITY-ST-ZIP | MELBOURNE FL | | 3.4 CITY-ST-ZIP | Melbourne Beach, FL | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHNSON, BILL | | 4.2 NAME | | |
| STREET ADDRESS | 2258 MOCKINGBIRD LANE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INDIALANTIC FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | Vice President | ☐ Change ☒ Addition |
| NAME | BLUE, DR. DANIEL | | 5.2 NAME | Marlene GRASS | |
| STREET ADDRESS | 310 HAMLIN AVENUE | | 5.3 STREET ADDRESS | 445, Harwood Avenue | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32932 | | 5.4 CITY-ST-ZIP | SATELLITE BEACH, FL 32937 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | SCHNEIROV, BARRY | | 6.2 NAME | SCHNEIROV, BARRY | |
| STREET ADDRESS | 840 NW 108TH AVE CORRECT | | 6.3 STREET ADDRESS | 840 N.W. 108th Avenue | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32932 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:** SIGNATURE REQUIRED 4-98 407-723-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARLENE GRASS

CR2E037 (11/98)