FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$46870

(9)

A B C ADOPTION CENTER, P.A.

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Principal Place of Business Mailing Address
3 CLIFFORD DR 3 CLIFFORD DR

FILED May 12 1997 8:00am Secretary of State

9.4.651-5225

3 CLIFFORD DR SHALIMAR FL 32578		3 CLIFFORD DR SHALIMAR FL 32579-1250		ļ			
					3. Date Incorporated or Qualified 04/18/1991	3a. Date of Last R 03/06/1996	eport
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	}	plied For	
1		26		60 TF		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Ro	\$8.75 Additional Fee Required	
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	lo Fees
Zφ	Country	Ζ φ	Countr	У	8. This corporation has liability for i		199.032,
4]	25	29	30		Florida Statutes L. Yes (No. 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	III negisteren Agent	8	1 Name	IU. Name and Address of New No	gistered Agent	
	RRELL, ROBISON R.						
	LIFFORD DR		82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
SHA	LIMAR FL 32579		8:	3			
			84	4 City		FL 85 Zip	Code
11. Pursuant l office or re agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607,1508, Florida State of Florida. Such change was gations of, Section 607,0505, I	utes, the abors authorized to desired to desired to the second to the se	ve named cor by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing it of the appointment as	s registered registered
SIGNATURE	Signature typed or privated name of registered as	gent and title if applicable (No	DIE Registered A	gent signature requ	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12
TITLE	PVS	DELETE	1.1 THLF			Change	Addition
NAME (HARRELL, ROBISON R.		1.2 NAME				
STREET ADDRESS	39 MEIGS DR		1.3 STREE	ET ADDRESS			
CITY-S1-ZIP	SHALIMAR FL		1.4 CHY-	- S1 - 7(P			
TITLE	TD	L] DELETE	21 TITLE)		L Change	Addition
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STREET ADDRESS	39 MEIGS DR		2.3 S1RF	F1 ADDRESS			
CITY-ST-ZIP	SHALIMAR FL	C No. Page	2.4 CITY				
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							L. Author
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TITLE Name Street address City-St-Zip			4. 2 NAM 4.3 STRE 4.4 City	ET ADDRESS -ST-ZIP			Additio
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