

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000379 (8)**

1. Corporation Name

**BURNS-GAGNON FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1300 N FEDERAL HWY  
SUITE 107  
BOCA RATON FL 33432

1300 N FEDERAL HWY  
SUITE 107  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/25/1993**

3a. Date of Last Report  
**01/24/1994**

4. FEI Number  
**65-0443151**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under D. 100.035,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

28

29

Country

24

25

Country

28

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSEPH F. PAPA, P.A.  
1300 N FEDERAL HWY  
SUITE 107  
BOCA RATON FL 33432**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE:

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

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

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

NAME

**PAPA, JOSEPH F**

STREET ADDRESS

**1300 NORTH FEDERAL HIGHWAY #107**

CITY-ST-ZIP

**BOCA RATON FL 33432**

TITLE

VP

NAME

**GAGNON, EMILE P**

STREET ADDRESS

**200 BONNE BLVD #128**

CITY-ST-ZIP

**PALM SPRING FL**

TITLE

TS

NAME

**LEVINSON, PHILIP Z**

STREET ADDRESS

**1300 NO. FEDERAL HWY #107**

CITY-ST-ZIP

**BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

Change  Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE:

*Philip Z. Levinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Date

Registered Agent's

**PHILIP Z. LEVINSON**