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Jan 22, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

01-22-1999 90027 038 *****61.25

DOCUMENT # N93000000379

1. Corporation Name
BURNS-GAGNON FOUNDATION, INC.

Principal Place of Business 1300 N FEDERAL HWY SUITE 107 BOCA RATON FL 33432	Mailing Address 1300 N FEDERAL HWY SUITE 107 BOCA RATON FL 33432
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/25/1993
22. City & State	27. City & State	4. FEI Number 65-0443151
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JOSEPH F. PAPA, P.A. 1300 N FEDERAL HWY SUITE 107 BOCA RATON FL 33432	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
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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 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 PD	NAME PAPA, JOSEPH F	1.1 TITLE
STREET ADDRESS 1300 NORTH FEDERAL HIGHWAY #107	CITY-ST-ZIP BOCA RATON FL	1.2 NAME
TITLE VPD	NAME GAGNON, EMILE P	1.3 STREET ADDRESS
STREET ADDRESS 200 BONNIE BLVD #128	CITY-ST-ZIP PALM SPRING FL	1.4 CITY-ST-ZIP
TITLE TSD	NAME LEVINSON, PHILIP Z	2.1 TITLE
STREET ADDRESS 1300 NO. FEDERAL HWY #107	CITY-ST-ZIP BOCA RATON FL	2.2 NAME
TITLE PD	NAME	2.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	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: *Joseph F. Papa*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **1/21/99**
 Daytime Phone #

CR2E037 (1/198)