

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 588146 (1)

1. Corporation Name
JOHN L. BURNS, P.A.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:50**

Principal Place of Business Mailing Address
**140 ROYAL PALM WAY
P.O. BOX 2735
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1978	3a. Date of Last Report 01/25/1994
21	26	4. FEI Number 59-1863197		Applied For Not Applicable	
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 194(3)(f), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
BURNS, JOHN L. 140 ROYAL PALM WAY PALM BEACH FL 33480				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 title as provided) (Typed Name of Registered Agent, signature, registered office, and address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JOHN L.	2. NAME	
STREET ADDRESS	140 ROYAL PALM WAY	3. STREET ADDRESS	
CITY- ST- ZIP	PALM BEACH FL	4. CITY- ST- ZIP	
TITLE	VP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERSON, JOHN M.	22. NAME	
STREET ADDRESS	140 ROYAL PALM WAY	23. STREET ADDRESS	
CITY- ST- ZIP	PALM BEACH FL	24. CITY- ST- ZIP	
TITLE	S	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, JO-ANNE	32. NAME	
STREET ADDRESS	4039C PALM BAY CIR.	33. STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL	34. CITY- ST- ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		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 119(3)(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and as stated and that my signature shall have the same legal effect as if made in and with, that I am an officer or director of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE **John L. Burns**
Typed Name of Signing Officer or Director

1/12/95 4076557776