

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

FILED

**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 588146 (1)

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



Principal Place of Business 140 ROYAL PALM WAY P.O. BOX 2735 PALM BEACH FL 33480	Mailing Address 140 ROYAL PALM WAY P.O. BOX 2735 PALM BEACH FL 33480-2735
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3. Date Incorporated or Qualified 10/02/1978	3a. Date of Last Report 01/24/1996
4. FEI Number 59-1863197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1400 Centrepark Blvd. Suite, Apt. #, etc. 22 Suite 860 City & State 23 West Palm Beach, FL Zip Country 24 33401 USA	2a. Mailing Address 26 P.O. Box 349 Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip Country 29 33402 USA
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9. Name and Address of Current Registered Agent BURNS, JOHN L. 140 ROYAL PALM WAY PALM BEACH FL 33480	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1400 Centrepark Blvd., Ste 860 83 84 City West Palm Beach FL 85 Zip Code 33401
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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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME BURNS, JOHN L.	
STREET ADDRESS 140 ROYAL PALM WAY	
CITY-ST-ZIP PALM BEACH FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME SEVERSON, JOHN M.	
STREET ADDRESS 140 ROYAL PALM WAY	
CITY-ST-ZIP PALM BEACH FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME GALLOWAY, JO-ANNE	
STREET ADDRESS 4039C PALM BAY CIR.	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1400 Centrepark Blvd., Ste. 860
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1400 Centrepark Blvd., Ste. 860
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lisa D. Vogler
3.3 STREET ADDRESS	103 SE 34th Avenue
3.4 CITY-ST-ZIP	Boynton Beach, FL 33435
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/9/97** DAYTIME PHONE: **(561)687-2003**

CR2E034 (9/96)