

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1400 CENTREPARK BLVD SUITE 860 WEST PALM BEACH FL 33401 US	Mailing Address P O BOX 349 P.O. BOX 2735 WEST PALM BEACH FL 33402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 349
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 West Palm Beach, FL
24 Zip	29 33402
25 Country	30 US A

3. Date Incorporated or Qualified 10/02/1978	
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 owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BURNS, JOHN L.
 1400 CENTREPARK BLVD., STE 860
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURNS, JOHN L.	
STREET ADDRESS	1400 CENTREPARK BLVD., STE 860	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SEVERSON, JOHN M.	
STREET ADDRESS	1400 CENTREPARK BLVD., STE. 860	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VOGLER, LISA D	
STREET ADDRESS	103 SE 34TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL	
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 17

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> City
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<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 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 addendum.

33401
 33401
 334
 Block 12
 Block 11
 Block 10