


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761292 (2)
 1. Corporation Name
R.C. BUSH PILOTS OF PALM BEACH COUNTY, INC.



Principal Place of Business 6598 N. MILITARY TRAIL RIVIERA BEACH FL 33407 US	Mailing Address 6322 63RD WAY WEST PALM BEACH FL 33409 US
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3. Date Incorporated or Qualified 12/30/1981	3a. Date of Last Report 08/14/1995
4. FEI Number NOT APPLICABLE	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	2a. Mailing Address 26 508 E. REDWOOD DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LAKE PARK FL
Zip 24	Country 25
Country 25	Zip 29 33403
Country 25	Country 30 PALM BEACH

9. Name and Address of Current Registered Agent
**BERGSTEDT, ERIC
6322 63RD WAY
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name DAVID M. GASPARI
82 Street Address (P.O. Box Number is Not Acceptable) 508 E. REDWOOD DR
83
84 City LAKE PARK
85 Zip Code FL 33403

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]* **DAVID M. GASPARI** DATE: **6-6-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EWER, NAT		1.2 NAME DAVID M. GASPARI	
STREET ADDRESS 1231 MORSE BLVD		1.3 STREET ADDRESS 508 E. REDWOOD DR	
CITY-ST-ZIP SINGER ISLAND FL		1.4 CITY-ST-ZIP LAKE PARK FL 33403	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JECK, DICK		2.2 NAME MARK LETZTER, M.D.	
STREET ADDRESS 100 WETTAW LN #5		2.3 STREET ADDRESS 2537 LALIQUE CIRCLE	
CITY-ST-ZIP NORTH PALM BEACH FL		2.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LATHROP, HUBERT		3.2 NAME Alfredo Rodriguez	
STREET ADDRESS 116 TIMBER RUN EAST		3.3 STREET ADDRESS 4802 41ST WAY	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP W. PALM BEACH FL 33407	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERGSTEDT, ERIC		4.2 NAME Andrew LEVY, DPM	
STREET ADDRESS 6322 63RD WAY		4.3 STREET ADDRESS 6761 145 PLACEN	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCQUINN, LESLIE		5.2 NAME NAT EWER	
STREET ADDRESS 712 HUCKLEBERRY LN		5.3 STREET ADDRESS 1231 MORSE BLVD	
CITY-ST-ZIP NORTH PALM BEACH FL		5.4 CITY-ST-ZIP SINGER ISLAND FL 33404	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTS, ROBERT		6.2 NAME	
STREET ADDRESS 1231 CHEROKEE ST		6.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		6.4 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 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **DAVID M. GASPARI** DATE: **6-6-96** DAYTIME PHONE # **407-820-2214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)