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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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
508 E. REDWOOD DR.
LAKE PARK FL 33403-2222
US

3. Date Incorporated or Qualified
12/30/1981

3a. Date of Last Report
06/20/1996

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID M. GASPARI
508 E. REDWOOD DR.
LAKE PARK FL 33409

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: DAVID M. GASPARI, ESQ. 1-20-97
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	P	<input type="checkbox"/> DELETE
NAME	DAVID M. GASPARI	
STREET ADDRESS	508 E. REDWOOD DR.	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARK LETZTER	
STREET ADDRESS	2537 LALIQUE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALFREDO RODRIGUEZ	
STREET ADDRESS	4102 41ST WAY	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDREW LEVY	
STREET ADDRESS	6751 145 PLACE N.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAT EWER	
STREET ADDRESS	1231 MORSE BLVD.	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTS, ROBERT	
STREET ADDRESS	1231 CHEROKEE ST	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDREW LEVY
2.3 STREET ADDRESS	6751 145 PLACE N.
2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tom Holden
3.3 STREET ADDRESS	461 Apollo Dr.
3.4 CITY-ST-ZIP	Juno Beach FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph Osowiecki
4.3 STREET ADDRESS	10237 Alimanda Ct.
4.4 CITY-ST-ZIP	Palm Beach Gardens FL
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 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] PRES. 1-20-97 561-820-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039921

CR2E037 (9/96)