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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
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: 6596 N. MILITARY TRAIL, RIVIERA BEACH FL 33407, US
Mailing Address: 508 E. REDWOOD DR., LAKE PARK FL 33409, US

3. Date Incorporated or Qualified: 12/30/1981
4. FEI Number: NOT APPLICABLE
Applied For: Not Applicable

2. Principal Place of Business: 10237 ALLAMANDA CIRCLE, PALM BEACH GARDENS, FL 33410, USA
2a. Mailing Address: 10237 ALLAMANDA CIRCLE, PALM BEACH GARDENS, FL 33410, USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: DAVID M. GASPARI, 508 E. REDWOOD DR., LAKE PARK FL 33409

10. Name and Address of New Registered Agent: JOSEPH OSOWIECKI, 10237 ALLAMANDA CIRCLE, PALM BEACH GARDENS, FL 33410

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: *Joseph Osowiecki* DATE: 5/19/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	DAVID M. GASPARI	1.2 NAME	
STREET ADDRESS	508 E. REDWOOD DR.	1.3 STREET ADDRESS	18445 S.E. LAKESIDE DR
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	JEQUESTA, FL 33459
TITLE	VP	2.1 TITLE	
NAME	LEVY, ANDREW	2.2 NAME	
STREET ADDRESS	6751 145TH PL N	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	2.4 CITY-ST-ZIP	33418
TITLE	S	3.1 TITLE	
NAME	HOLDEN, TOM	3.2 NAME	SWESTERVELT, CARVLE
STREET ADDRESS	461 APOLLO DR	3.3 STREET ADDRESS	829 ORCHID DR
CITY-ST-ZIP	JUNO BCH FL	3.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	T	4.1 TITLE	
NAME	OSOWIECKI, JOSEPH	4.2 NAME	
STREET ADDRESS	10237 ALLAMANDA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	33410
TITLE	D	5.1 TITLE	
NAME	NAT EWER	5.2 NAME	
STREET ADDRESS	1231 MORSE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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 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: *David M. Gaspari*

CR2E037 (10/97)