

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 11 0:07

DOCUMENT # G51248

(4)

1. Corporation Name

BOCA AIRCRAFT OWNERS, INC.

Principal Place of Business

Mailing Address

**1901 S. OCEAN BLVD.- STE #303
BOCA RATON FL 33432**

**1901 S. OCEAN BLVD.- STE #303
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/25/1983

02/08/1994

4. FEI Number

Applied For

59-2005207

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 authority for intangible tax under s. 198.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUSSON, RUDOLPH L.
1901 S OCEAN BLVD #303
BOCA RATON FL 33432**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LIEBERMAN, SEYMOUR
STREET ADDRESS	2945 NW 14TH STREET
CITY ST ZIP	DELRAY BEACH FL
TITLE	PD
NAME	WHITTLE, HARRY
STREET ADDRESS	1239 N W 16TH STREET
CITY ST ZIP	BOCA RATON, FL 00000
TITLE	STD
NAME	CUSSON, RUDOLPH
STREET ADDRESS	1901 S OCEAN BLVD
CITY ST ZIP	BOCA RATON, FL 00000
TITLE	D
NAME	RILEY, DONALD
STREET ADDRESS	4015 NW 5TH AVE
CITY ST ZIP	BOCA RATON FL
TITLE	DVP
NAME	SCHNEPP, C. MADISON
STREET ADDRESS	933 GARDENIA DR
CITY ST ZIP	DELRAY BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information furnished 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 included 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:

Rudolph L. Cusson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 95 (407) 368-3037
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

CR2E034 (3/95)