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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # (4)**BOCA AIRCRAFT OWNERS, INC.**

FILED Jan 22 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					e i densite dons Astra einte itels dinn in			
1901 S. OCE BOCA RATO	ean Blvd Ste #303 N FL 33432	1901 S. OCEAN BLVD BOCA RATON FL 33432	901 S. OCEAN BLVD STE #303 IOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					07/25/1983			
·	Place of Business	2a. Mailing Address			4. FEI Number Applied			
21 Suite Ant	# ata	26 Suite Ant # ate			59-2005207			
Suite, Apt	.#, GC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Addi	
City & Sta	te	City & State					Fee Requir	
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible				
24	25	29	30	7 · · · · · · · · · · · · · · · · · · ·				0
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A			t	
CL	JSSON, RUDOLPH L.		8	Name				
	01 \$ OCEAN BLVD #303		82 Street Add		dress (P.O. Box Number is Not Acceptate	ale)		
	OCA RATON FL 33432							
			<u>.</u>	3			,	
			1	4 City		FL 85	Ι΄.	
11. Pursuant to the provisions of Socions 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								
				gent signature req	uired when reinslating)	DATE		
12. TITLE	OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		<u> </u>	
	LIEBERMAN, SEYMOUR	C Otterie	1.1 TITLE			L. 1	hange	_ Addition
NAME STREET ADDRESS	2945 NW 14TH STREET		1.2 NAM					
	DELRAY BEACH FL			E1 ADDRESS				
CITY-\$T-ZIP	PD	☐ DELETE	1.4 City 21 Title			<u> </u>	hange	Addition
NAME	WHITTLE, HARRY	C. Deterie	2.2 NAM			.	nange	J Addition
STREET ADDRESS	1239 N W 16TH STREET			ET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 00000		2.3 SINE 2. 4 CITY					
TITLE	STD	☐ DELETÉ	3.1 THILE				hange	Addition
NAME	CUSSON, RUDOLPH		3.2 NAM				··-·a- L	
STREET ADDRESS	1901 S OCEAN BLVD			ET ADDRESS				i
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4. CITY	1				i
TITLE	D	DELETE	4.1 TITLE			Пc	hange	Addition
NAME	RILEY, DONALD		4. 2 NAM	!				
STREET ADDRESS	4015 NW 5TH AVE		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY					
TITLE	DVP	DELETE	5.1 TITLE	•		□ C	hange	Addition
NAME	SCHNEPP, C. MADISON		5.2 NAMI				-	
STREET ADORESS	933 GARDENIA DR			ET ADDRESS				
CITY-ST-ZIP	DELRAY BCH, FL 00000		5.4 CITY					ł
TITLE		☐ DELETE	6.1 TITLE				hange	Addition
NAME		•	6.2 NAMI					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					

14. 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 address.