


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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003329 1. Corporation Name Realty Portfolio Corp.			
Principal Place of Business 292 Long Ridge Rd Stamford CT 06927		Mailing Address 292 Long Ridge Rd Stamford, CT 06927 Attn Josephine Miller	
2. Principal Place of Business 21 State: Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07-12-95	3a. Date of Last Report 4-14-96
4. FEI Number 06-1370189		Applied For 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 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 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 _____ Sign in ink, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP FD Frazier, Michael D 292 Long Ridge Rd Stamford CT 06927	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP ASST TREAS - TAXES GARY J. SCHULMAN 292 Long Ridge Rd Stamford, CT 06927	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP 900002178759 -05/14/97--01104--010 ***165.00 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP VD Henry, David B 292 Long Ridge Rd Stamford, CT 06927	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY, ST, ZIP 8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY, ST, ZIP 9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY, ST, ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP VD Pfeiffer, Robert E 292 Long Ridge Rd Stamford, CT 06927	10.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY, ST, ZIP 11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP 12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY, ST, ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP S Poosaz, Richard H 292 Long Ridge Rd Stamford CT 06927	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP 14.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY, ST, ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP	15.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY, ST, ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP	16.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 16.2 NAME 16.3 STREET ADDRESS 16.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: Gary J. Schulman 427-97 203 357-4544 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:mo:Yr			

CR2E034 (9/96)