

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H33493** (8)

1. Corporation Name

**ANDREW J. BOLNICK, INC.**

*(PORTFOLIO REALTY SERVICES, INC. ✕)*



Principal Place of Business

Mailing Address

C/O ANDREW J. BOLNICK  
2555 ENTERPRISE RD., SUITE 8  
CLEARWATER FL 34623

C/O ANDREW J. BOLNICK  
2555 ENTERPRISE RD., SUITE 8  
CLEARWATER FL 34623

3. Date Incorporated or Qualified: **12/11/1984**  
3a. Date of Last Report: **06/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2555 ENTERPRISE RD**

26 **2555 Enterprise Rd**

22 **Suite 12-A**

27 **Suite 12-A**

23 **Clearwater, FL**

28 **Clearwater, FL 34623**

24 **34623** 25 **USA**

29 **34623** 30 **USA**

4. FEI Number: **59-2466594**

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

9. Name and Address of Current Registered Agent

**BOLNICK, ANDREW J.  
2555 ENTERPRISE RD., SUITE 8  
CLEARWATER FL 34623**

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

Signature, typed or printed name of registered agent and the filer (if applicable)

(If Filer is not the registered agent, sign and print name of filer)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLNICK, ANDREW J.</b>	
STREET ADDRESS	<b>2555 ENTERPRISES RD #8 12-A</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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	<b>400001738114</b>
4.4 CITY-ST-ZIP	<b>-03/11/96--01005--011</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>***200.00</b>
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	

SIGNATURE:

*Andrew J. Bolnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-96 813 791-4454**  
DATE DAYTIME PHONE #

CR2E034 (12/95)