


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90038 034 ***150.00

DOCUMENT # P02000060482

1. Entity Name
BANK PLUS REALTY, INC



Principal Place of Business Mailing Address

14824 ENCLAVE PRESERVE CIRCLE 14824 ENCLAVE PRESERVE CIRCLE
 SUITE T4 SUITE T4
 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484

54013567



2. Principal Place of Business 3. Mailing Address

3064 SANTA MARGARITA RD. **3064 SANTA MARGARITA RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State City & State

WEST PALM BEACH, FL **WEST PALM BEACH, FL**

Zip Country Zip Country

33411 **USA** **33411** **USA**

4. FEI Number Applied For

81-0553962 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HIRSCH, DAVID K
175 W CAMINO REAL
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: **MARK GELICK**
 Street Address (P.O. Box Number is Not Acceptable): **619 NO. DIXIE HIGHWAY**
 City: **LAKE WORTH** FL Zip Code: **33460**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **MILAN BOYANICH** **2-27-04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	BOYANICH, MILAN
STREET ADDRESS	14824 ENCLAVE PRESERVE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYANICH, MILAN	
STREET ADDRESS	3064 SANTA MARGARITA ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **MILAN BOYANICH** **2-27-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #