

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 229516 (0)

1. Corporation Name
GALAXY CO-OP APARTMENTS CORPORATION, INC.

Principal Place of Business Mailing Address
852 COLLINS AVE MIAMI BEACH FL 33139-5818

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified **10/27/1959** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-6065007** Applied For 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 liability for intangible tax under § 199.039, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **APT # A-1** 26 Suite, Apt. #, etc. **APT # A-1**
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**RICH, ROBERT
701 LINCOLN RD #104
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name **SAXER, DR. HOWARD I**
82 Street Address (P.O. Box Number is Not Acceptable) **852 COLLINS AVE #A-1**
83
84 City **MIAMI BEACH** FL 85 Zip Code **33139**

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 *Dr. Howard I Saxon* **DR. HOWARD I SAXER** 4-28-95 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAXER, HOWARD
STREET ADDRESS	852 COLLINS AVENUE, A-1
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	VD
NAME	GORJIN, DORIS
STREET ADDRESS	852 COLLINS AVENUE, C-2
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	STD
NAME	ARNSTEIN, IDA
STREET ADDRESS	852 COLLINS AVENUE, A-6
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	SHERMAN, ANN
STREET ADDRESS	852 COLLINS AVENUE, A-4
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	RUTMAN, RITA
STREET ADDRESS	852 COLLINS AVENUE, A-2
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	RANKIN DEUTSCH, ADELAIDE
STREET ADDRESS	852 COLLINS AVE A-5
CITY - ST - ZIP	MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAXER, DR. HOWARD I	
1.3 STREET ADDRESS	852 COLLINS AVE #A-1	
1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANN COHEN	
3.3 STREET ADDRESS	852 COLLINS AVE #B-1	
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
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		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

← THIS PERSON WAS DROPPED FROM THE BOARD

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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: *Dr. Howard I Saxon* **DR. HOWARD I SAXER** 4-28-95 305-531-5234 DATE