

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **229516 (0)**

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



Principal Place of Business	Mailing Address
852 COLLINS AVE APT. A-1 MIAMI BEACH FL 33139-5818 US	852 COLLINS AVE APT. A-1 MIAMI BEACH FL 33139-5818 US

3. Date Incorporated or Qualified 10/27/1959	3a. Date of Last Report 05/01/1995
4. FEI Number 59-6065007	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" 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 type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SAXER, HOWARD I. D
852 COLLINS AVE.
A-1
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXER, HOWARD I. D	1.2 NAME	
STREET ADDRESS	852 COLLINS AVENUE, A-1	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORLIN, DORIS	2.2 NAME	
STREET ADDRESS	852 COLLINS AVENUE, C-2	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ANN	3.2 NAME	
STREET ADDRESS	852 COLLINS AVE., #B-1	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, ANN	4.2 NAME	
STREET ADDRESS	852 COLLINS AVENUE, A-4	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTMAN, RITA	5.2 NAME	
STREET ADDRESS	852 COLLINS AVENUE, A-2	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANKIN DEUTSCH, ADELAIDE	6.2 NAME	D JAMES COHEN
STREET ADDRESS	852 COLLINS AVE A-5	6.3 STREET ADDRESS	852 COLLINS AVE, A-6
CITY - ST - ZIP	MIAMI BEACH FL 33139	6.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139

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)(k), 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: Dr. Howard I. Saxer **DR. HOWARD I. SAXER** MARCH 8, 1996 305-631-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)