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Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 229516 (0)  
1. Corporation Name  
GALAXY CO-OP APARTMENTS CORPORATION, INC.



Principal Place of Business: 852 COLLINS AVE, APT. A-1, MIAMI BEACH FL 33139-5818, US  
Mailing Address: 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: 03/12/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

4. FEI Number: 59-8065007  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: PD, NAME: SAXER, HOWARD I. D, STREET ADDRESS: 852 COLLINS AVENUE, A-1, CITY-ST-ZIP: MIAMI BEACH FL  
TITLE: VD, NAME: GORLIN, DORIS, STREET ADDRESS: 852 COLLINS AVENUE, C-2, CITY-ST-ZIP: MIAMI BEACH FL 33139  
TITLE: STD, NAME: COHEN, ANN, STREET ADDRESS: 852 COLLINS AVE., #B-1, CITY-ST-ZIP: MIAMI BEACH FL  
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: COHEN, JAMES, STREET ADDRESS: 852 COLLINS AVE A-5, CITY-ST-ZIP: MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE:  Change  Addition  
2.2 NAME: LAURA HINDEN  
2.3 STREET ADDRESS: 852 COLLINS AVENUE C-3  
2.4 CITY-ST-ZIP: MIAMI BEACH, FL 33139  
3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE:  Change  Addition  
5.2 NAME: 700002100587  
5.3 STREET ADDRESS: -02/28/97--D1004--016  
5.4 CITY-ST-ZIP: \*\*\*173.75  
6.1 TITLE:  Change  Addition  
6.2 NAME: V/D  
6.3 STREET ADDRESS: 1B 221  
6.4 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: Dr. Howard I. Saker, DR. HOWARD I. SAXER, Date: 2-18-97, Daytime Phone #: 305-531-5234

CR2E034 (9/96)

GALAXY CO-OP APARTMENTS CORP. I  
852 COLLINS AVE.  
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