

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90056 039 \*\*\*158.75

0205220

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 229516**

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**10/27/1959**

4. FEI Number  
**59-6065007**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required -  
 Not Applicable

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

8. This corporation owes the current year intangible Personal Property Tax.  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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PD SAXER, HOWARD I. D**  
 STREET ADDRESS **852 COLLINS AVENUE, A-1**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  DELETE  
 NAME **D MOYAL, DANIEL**  
 STREET ADDRESS **852 COLLINS AVENUE #B-3**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  DELETE  
 NAME **STD COHEN, ANN**  
 STREET ADDRESS **852 COLLINS AVE., #B-1**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  DELETE  
 NAME **D SHERMAN, ANN**  
 STREET ADDRESS **852 COLLINS AVENUE, A-4**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  DELETE  
 NAME **D RUTMAN, RITA**  
 STREET ADDRESS **852 COLLINS AVENUE, A-2**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  DELETE  
 NAME **VD 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 **D ANDREW DOMINGUEZ**  
 2.3 STREET ADDRESS **852 COLLINS AVENUE C-4**  
 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 **D MARK BLANK**  
 4.3 STREET ADDRESS **852 COLLINS AVENUE C-1**  
 4.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME **VD EDITH RAINS**  
 6.3 STREET ADDRESS **852 COLLINS AVENUE C-5**  
 6.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

14. 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 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, with all other like empowered.

SIGNATURE: *Dr. Howard I. Saker* **DR. HOWARD I. SAXER** 1-7-99 305-531-5234  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)