FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **261634** **(0)**

1. Corporation Name
GALT PLAZA APARTMENTS, INC.

Principal Place of Business	Mailing Address
3200 N E 36 ST FT LAUDERDALE FL 33308	3200 N E 36 ST FT LAUDERDALE FL 33308-6753

3. Date Incorporated or Qualified: **08/08/1962**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1027000** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY
C/O BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT LAUDERDALE FL 33312

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LANGE, MELVIN		1.2 NAME	President Lange, melvin	
STREET ADDRESS	3200 NE 36TH STREET		1.3 STREET ADDRESS	3200 NE 36th Street	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft Lauderdale FL 33308	
TITLE	TD	☒ DELETE	2.1 TITLE	Vice President	☒ Change ☒ Addition
NAME	NOTHMAN, JOYCE		2.2 NAME	Kenneth Vincent	
STREET ADDRESS	3200 N.E. 36TH STREET		2.3 STREET ADDRESS	3200 NE 36th ST	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft Lauderdale FL 33308	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RAPHAEL, BERNICE		3.2 NAME		
STREET ADDRESS	3200 NE 36 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD, FL 00000		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☒ Addition
NAME	GUJA, ARTHUR T.		4.2 NAME	ANN Barnard	
STREET ADDRESS	3200 NE 36 ST		4.3 STREET ADDRESS	3200 NE 36th St	
CITY-ST-ZIP	FT LAUD, FL 00000		4.4 CITY-ST-ZIP	Ft Lauderdale FL 3330	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Ann E. Barnard Treasurer 3-11-97 954 564 4328