

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715971 (8)

1. Corporation Name
GALEN BREAKERS - A CONDOMINIUM, INC.



Principal Place of Business Mailing Address
550 OCEAN DRIVE KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified **01/31/1969** 3a. Date of Last Report **04/18/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1260543	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BECKER & POLIAKOFF
WATERFORD CENTER PARK
6161 BLUE LAGOON DR. SUITE 250
MIAMI FL 33126**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDAKOWSKI, ROBERT	1.2 NAME	
STREET ADDRESS	550 OCEAN DR., 7A	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, RENE	2.2 NAME	VP
STREET ADDRESS	550 OCEAN DRIVE, 6C	2.3 STREET ADDRESS	BRILL, SHIRLEY
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	550 OCEAN DR., 51D
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPERMAN, HAROLD	3.2 NAME	
STREET ADDRESS	550 OCEAN DR., 9C	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISHINGTON, ANDREW	4.2 NAME	
STREET ADDRESS	550 OCEAN DRIVE, 8B	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEVGOLIS, NANCY	5.2 NAME	
STREET ADDRESS	550 OCEAN DRIVE, 7H	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, PATRICIA	6.2 NAME	
STREET ADDRESS	550 OCEAN DRIVE, 6F	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with it.

SIGNATURE: Robert Oldakowski **ROBERT OLDAKOWSKI** 2/15/96 361-1694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)