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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715971 (8)

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



Principal Place of Business 550 OCEAN DRIVE KEY BISCAIYNE FL 33149	Mailing Address 550 OCEAN DRIVE KEY BISCAIYNE FL 33149
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3. Date Incorporated or Qualified 01/31/1969		
4. FEI Number 59-1260543	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

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

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OLDAKOWSKI, ROBERT	
STREET ADDRESS	550 OCEAN DR., 7A	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARFIELD, LARRY	
STREET ADDRESS	550 OCEAN DR., 9B	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RINGE, SHIELA	
STREET ADDRESS	550 OCEAN DR., 7E	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIOSCIA, JOHN	
STREET ADDRESS	550 OCEAN DR., 2F	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZEVGOLIS, NANCY	
STREET ADDRESS	550 OCEAN DRIVE, 7H	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DE LA HERIA, ROSEMARY	
STREET ADDRESS	550 OCEAN DR., 4A	
CITY-ST-ZIP	KEY BISCAIYNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OLDAKOWSKI, ROBERT	
1.3 STREET ADDRESS	550 OCEAN DR., #7A	
1.4 CITY-ST-ZIP	KEY BISCAIYNE, FLORIDA 33149	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARFIELD, LARRY	
2.3 STREET ADDRESS	550 OCEAN DRIVE, #9B	
2.4 CITY-ST-ZIP	KEY BISCAIYNE, FLORIDA 33149	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SANTOS-BUCH, CHARLES	
3.3 STREET ADDRESS	550 OCEAN DRIVE, #7D	
3.4 CITY-ST-ZIP	KEY BISCAIYNE, FLORIDA 33149	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VOGEL, ERICH	
4.3 STREET ADDRESS	550 OCEAN DRIVE, #9G	
4.4 CITY-ST-ZIP	KEY BISCAIYNE, FLORIDA 33149	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARRILLO, JULIO	
5.3 STREET ADDRESS	550 OCEAN DRIVE, #9H	
5.4 CITY-ST-ZIP	KEY BISCAIYNE, FLORIDA 33149	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	COOPERMAN, HAROLD	
6.3 STREET ADDRESS	550 OCEAN DRIVE, #9C	
6.4 CITY-ST-ZIP	KEY BISCAIYNE, FLORIDA 33149	

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

SIGNATURE: [Signature] 3/30/98 (305) 361-2555

CR2E037 (10/97)