

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/27/1959

4. FEI Number

59-6065007

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 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 this 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE STD ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE VD ☒ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)

0205220