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

**PROFIT** CORPORATION ANNUAL REPORT 1997 **DOCUMENT # H00919** THE MALL AT THE GALAXY, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

7000 BOULEVARD EAST GUTTENBERG NJ 07083

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

7000 BOULEVARD EAST **GUTTENBERG NJ 07093-4817** 

2a. Mailing Address

City & State

Suite, Apt #, etc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



28 Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes Nο 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 83 84 City Zip Code 85

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. assistant SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) COO DELETE Change ☐ Addition TETLE 1.1 70 U 800002415288----01/28/98--01108--009 MENONNA, NICHOLAS JR. 1.2 NAME NAME CR2E034 7000 BOULEVARD E. 1.3 STREET ADDRESS STREET ADDRESS \*\*\*\*558.75 \*\*\*\*558.75 **GUTTENBERG NJ** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change TITLE CFO 2.1 TITLE SERGI, MARTIN J. NAME 2.2 NAME 800002415288---8 STREET ADDRESS 7000 BOULEVARD E. 2.3 STREET ADDRESS -01/28/98--01108--010 **GUTTENBERG, NJ.** 2. 4 CITY - ST - ZIP CITY-ST-ZIP \*\*\*\*350<u>-</u>00-DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 2IP DELETE .... Change Addition TITLE 5.1 BH F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - \$1 - Z(P DIVETE Change noilibhA TITLE 61 TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filing does not quality 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.

6.3 STREET ACCRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

201) 857