

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L01137 (3)

1. Corporation Name:

GALAXY LINER CO., INC.



Principal Place of Business

7546 W. MCNAB RD., B-12  
POMPANO BEACH FL 33068

Mailing Address

7546 W. MCNAB RD., B-12  
POMPANO BEACH FL 33068

3. Date Incorporated or Qualified  
07/11/1989

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
65-0135307

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

STEINMAN, NORMAN  
1970 N.W. 38TH TERRACE  
COCONUT CREEK FL FL 33068

10. Name and Address of New Registered Agent

81 Name  
STEINMAN, MARCIA S.  
82 Street Address (P.O. Box Number is Not Acceptable)  
5822 C SWORDFISH COURT  
83 TAMARAC, FLORIDA 33319  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 fee, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEINMAN, NORMAN	
STREET ADDRESS	1970 N W 38TH TERRACE	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	STEINMAN, MARJORIE I.	
STREET ADDRESS	1970 N W 38TH TERRACE	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEINMAN, MARCIA S.	
STREET ADDRESS	5822 C SWORDFISH CT.	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEINMAN, MARCIA S.	
1.3 STREET ADDRESS	5822 C SWORDFISH CT.	
1.4 CITY - ST - ZIP	TAMARAC, FL 33319	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEINMAN, NORMAN	
2.3 STREET ADDRESS	1970 N W 38TH TERRACE	
2.4 CITY - ST - ZIP	COCONUT, CREEK, FLORIDA 33066	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEINMAN, MARJORIE I.	
3.3 STREET ADDRESS	1970 N W 38TH TERRACE	
3.4 CITY - ST - ZIP	COCONUT CREEK, FL 33066	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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-04/16/96--01134--028  
\*\*\*200.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/5/96

Date

X 954-720-5384

Daytime Phone #

CR2E034 (12/95)