

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

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99 JUN 14 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P93000014897

1. Corporation Name
GALAXY REALTY INC.

Principal Place of Business

949 NE 125 ST
NORTH MIAMI FL 33161
US

Mailing Address

949 NE 125 ST
NORTH MIAMI FL 33161
US

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

3. Date Incorporated or Qualified
02/26/1993

4. FEI Number
65-0400505

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

JONES, SABRINA WRIGHT
14320 NW 12TH AVE
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name SABRINA WRIGHT - JONES
82 Street Address (P.O. Box Number is Not Acceptable)
949 NE 125 ST
83
84 City N. Miami FL 85 Zip Code 33161

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.

SIGNATURE Sabrina Wright-Jones SABRINA WRIGHT-JONES 6/11/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	WRIGHT, JOHNNIE MAE	
STREET ADDRESS	510 NW 47 ST	
CITY-STATE-ZIP	MIAMI FL 33127	
TITLE	P	DELETE
NAME	JONES, SABRINA WRIGHT	
STREET ADDRESS	14320 NW 12TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	8000002907118--2	
1.3 STREET ADDRESS	-06/17/99--01007--023	
1.4 CITY-STATE-ZIP	*****8.75 *****8.75	
2.1 TITLE	Change	Addition
2.2 NAME	8000002907118--2	
2.3 STREET ADDRESS	-06/17/99--01007--024	
2.4 CITY-STATE-ZIP	*****550.00 *****550.00	
3.1 TITLE	Change	Addition
3.2 NAME	V. P.O.	
3.3 STREET ADDRESS	THADDEUS D. JONES	
3.4 CITY-STATE-ZIP	14320 NW 12 AVE	
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: Sabrina Wright-Jones SABRINA WRIGHT-JONES 6/11/99 (305) 895-3612

CR2E034 (11/98)