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

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Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000022518 (0)

1. Corporation Name
GALAXIE INTER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 241 LAKE WORTH FL 33460	P.O. BOX 241 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1996
4. FEI Number: 65-0650929 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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**
PIERRE-LOUIS, MARKES M
1562-B LAKE CRYSTAL DRIVE
WEST PALM BEACH FL 33411

10. **Name and Address of New Registered Agent**
81 Name: PIERRE-LOUIS, MARKES M.
82 Street Address (P.O. Box Number is Not Acceptable): 6138 Arcade Court
83
84 City: Lake Worth FL 85 Zip Code: 33463

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PIERRE-LOUIS, MARKES M 1562-B LAKE CRYSTAL DR. WEST PALM BEACH FL 33411 XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	XX Change ☐ Addition PRESIDENT PIERRE-LOUIS, MARKES M. 6138 Arcade Court Lake Worth, FL 33463
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIERRE-LOUIS, GOUSSE 925 S. "C" ST. LAKE WORTH FL 33460 XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change XX Addition TREASURER PIERRE-LOUIS, LORDINE 925 Sourth "C" Street Lake Worth, FL 33460
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHERILUS, FANISE 925 S. "C" ST. LAKE WORTH FL 33460 XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002557058 -06/24/98--01018--035 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002557058 -06/24/98--01018--034 ***8.50

J 2/24 6

CR2E034 (10/97)

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.

SIGNATURE 04/27/98