SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000082398 (4)

GALEX CORPORATION

Principal Place of Business

Mailing Address

APPROVED
AND
FILED

1997 SEP 30 PM 3: 58
SECRETARY OF STATE
TALLAHASSEE. FLORIDA



2451-A PRESIDENTIAL WAY WEST PALM BEACH FL 33401			2451-A PRESIDENTIAL WAY WEST PALM BEACH FL 33401					do not write	IN THIS:	SPACE	
							t	3. Date Incorporated or Qualified		ate of Las	st Report
								10/02/1996	K	(6/	12(87
2. Principal Pl	lace of Business	[2	a. Mailing Address					4. FEI Number			Applied For
21		21	3					650 13 402	<u> </u>		Not Applicable
Suite, Apt.	#, etc.	2:						5. Certificate of Status Desired	TZ .		5 Additional Required
City & State			Cily & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 24 25			7ip Country 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
4	9. Name and Addre	ss of Current Rec	Istered Agent		\			IO. Name and Address of New Re	gistered	Agent	
	rs, george				81	Name					
	51-A PRESIDENTIAL V IST PALM BEACH FL				82	Street	Address	(P.O. Box Number is Not Acceptab	ole)		
					83						
					84	,			FL	. []	ip Code
11. Pursuant office or r	to the provisions of Sect egistered aligent, or both	ions 607.0502 and , in the State of Fic	607.1508, Florida Statu orida, Such change was	ites, the a	bove d by	named the corp	corpora	ation submits this statement for the p 's board of directors. I hereby accep	ourpose of	f changin pointment	g its registered as registered
agent. i a	m familiar with, and acc	ent the spligations	of, Section 607.0505, F	forida Sta	tutes	3.		6/12/67			
SIGNATURE	Signature, typed or printen name	of registered agent and	ille if applicable (NC	If: fagistere	d Age	ni signature	e required v	rhan reinstating)	DATE		
12.		FFICERS AND DIF		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECT	
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CITY-ST-ZIP						7- ZIP	}			'	MI -
14. I do heret	by certify that the inform	ation supplied with	this filing does not qua	lify for the	exe	mption s	stated in	Section 119.07(3)(i), Florida Statute	s. I furthe	r certify t	hat the

am an officer or director of the conformation 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 rchanged, or on an attachment with an address.

SIGNATURE:

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

w/r/97

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