

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000021370 (6)

1. Corporation Name

GALAXY GLOBAL SERVICES, INC.



Principal Place of Business

4700 NW 12TH CT
FT LAUDERDALE FL 33313

Mailing Address

4700 NW 12TH CT
FT LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0742502

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UKPAI, ROSELYNE
4700 NW 12TH CT
FT LAUDERDALE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ~~PD~~ ☒ DELETE
NAME UKPAI, ROSELYNE
STREET ADDRESS 4700 NW 12TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33313

TITLE ~~VD~~ ☒ DELETE
NAME UKPAI, EMMANUEL
STREET ADDRESS 4700 NW 12TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33313

TITLE ~~PD~~ ☒ DELETE
NAME UKPAI, ROSELYNE
STREET ADDRESS 4700 NW 12TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33313

TITLE ~~BD~~ ☒ DELETE
NAME UKPAI, EMMANUEL
STREET ADDRESS 4700 NW 12TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ~~PD~~ ☒ Change ☐ Addition
1.2 NAME UGOKWE, MALUCHI
1.3 STREET ADDRESS 16651 NE 18 AVE #4
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162

2.1 TITLE ~~OKON, BASSEY VD~~ ☒ Change ☐ Addition
2.2 NAME OKON, BASSEY E.
2.3 STREET ADDRESS 1192 N. STATE RD. #214
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33313

3.1 TITLE ~~TD~~ ☒ Change ☐ Addition
3.2 NAME UGOKWE, MALUCHI
3.3 STREET ADDRESS SAME AS ABOVE
3.4 CITY-ST-ZIP


4.1 TITLE ~~SD~~ ☒ Change ☐ Addition
4.2 NAME OKON, BASSEY E.
4.3 STREET ADDRESS SAME AS ABOVE
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 attached list with an address.

SIGNATURE:

 BASSEY E. OKON VICE PRESIDENT 4/27/98
954-316-0695

CR2E034 (1097)