

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1997	
21	22	26	27	4. FEI Number 65-0742502	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent UKPAI, ROSELYNE 4700 NW 12TH CT FT LAUDERDALE FL 33313				10. Name and Address of New Registered Agent	
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKPAI, ROSELYNE		1.2 NAME	UGOKWE, MALUCHI	
STREET ADDRESS	4700 NW 12TH CT		1.3 STREET ADDRESS	16651 NE 18 AVE #4	
CITY-ST-ZIP	FT LAUDERDALE FL 33313		1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKPAI, EMMANUEL		2.2 NAME	OKON, BASSEY E.	
STREET ADDRESS	4700 NW 12TH CT		2.3 STREET ADDRESS	1192 N. STATE RD. #214	
CITY-ST-ZIP	FT LAUDERDALE FL 33313		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33313	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKPAI, ROSELYNE		3.2 NAME	UGOKWE, MALUCHI	
STREET ADDRESS	4700 NW 12TH CT		3.3 STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33313		3.4 CITY-ST-ZIP		
TITLE	BD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKPAI, EMMANUEL		4.2 NAME	OKON, BASSEY E.	
STREET ADDRESS	4700 NW 12TH CT		4.3 STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33313		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* BASSEY OKON VICE PRESIDENT 4/27/98

CR2004 (1097)