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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90151 026 ***150.00



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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P97000038811

1. Corporation Name
GALAXY AVIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 3700 AIRPORT ROAD
 SUITE 401
 BOCA RATON FL 33431

Mailing Address
 3700 AIRPORT ROAD
 SUITE 401
 BOCA RATON FL 33431

3. Date Incorporated or Qualified
04/29/1997

2. Principal Place of Business
 21 **3800 Southern Blvd.**

2a. Mailing Address
 26 **1900 Glades Road**

4. FEI Number
65-0758138

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22
 27 **Suite 245**

City & State
 23 **West Palm Beach, FL**

City & State
 28 **Boca Raton, FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country
 24 **33406** 25 **US**

Zip Country
 29 **33431** 30 **US**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

GREENBERG, MARTIN
 3700 AIRPORT ROAD
 SUITE 401
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name **Richard H. Breslow**

82 Street Address (P.O. Box Number is Not Acceptable)
1900 Glades Rd.

83 **Suite 245**

84 City **Boca Raton** FL 85 Zip Code **33431**

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 *Richard H. Breslow* DATE **4-19-99**

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

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D GREENBURG, MARTIN F |
| STREET ADDRESS | 3700 AIRPORT RD., SUITE 401 <i>misspelled</i> |
| CITY-ST-ZIP | BOCA RATON FL 33431 <i>Greenberg</i> |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Director and Chief Executive Officer |
| 1.3 STREET ADDRESS | Martin F. Greenberg |
| 1.4 CITY-ST-ZIP | 1900 Glades Rd., Suite 245 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)