

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L88338** (3)
1. Corporation Name
GALINA ENTERPRISES, INC.

Principal Place of Business
**2207 SOUTH FIRST ST.
JACKSONVILLE FL 32250**

Mailing Address
**11002 OYSTER WAY
JACKSONVILLE FL 32218
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1990** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-3021161** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. **11065 Peppermill Ln** 2a. Mailing Address **11065 Peppermill Ln**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22. **Jacksonville** 27. **Jacksonville, Florida**
City & State City & State

23. **Florida** 28. **Jacksonville, Florida**
City & State City & State

24. **32257** 25. Country 29. **32257** 30. Country

9. Name and Address of Current Registered Agent
**ETLIN, BORIS L.
2207 SOUTH FIRST ST.
JACKSONVILLE FL 32250**

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 **Boris L. Etlin (President)** DATE **3.10.95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ETLIN, BORIS L.
STREET ADDRESS	2207 SOUTH FIRST ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	ETLIN, GALINA
STREET ADDRESS	2207 SOUTH FIRST ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11065 Peppermill Ln
1.4 CITY-ST-ZIP	Jacksonville, Florida 32257
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11065 Peppermill Ln
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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: **Boris L. Etlin (president)** DATE: **3.10.95** 904-751-9188
Signature and typed or printed name of signing officer or director Date Daytime Phone #