

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P00296** (4)

1. Corporation Name
GARELICK MFG. CO.

FILED
95 JAN 27 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
644 SECOND ST. ST. PAUL PARK MN 55071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/15/1983** 3a. Date of Last Report **01/25/1994**
4. FEI Number **41-0775702** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**DELANO, G. KRISTIN
150 2ND AVE., NORTH
SUITE 1500
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name **ROBERT M. KOHEN**
82 Street Address (P.O. Box Number is Not Acceptable) **7151-114TH AVENUE NORTH**
83
84 City **LARGO, FL** 85 Zip Code **34643**

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 Robert M. Kohen DATE 1-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GARELICK, SAUL S.
STREET ADDRESS	644 SECOND ST.
CITY-ST-ZIP	ST. PAUL PARK MN
TITLE	PS
NAME	GARELICK, KENNETH D.
STREET ADDRESS	644 SECOND ST.
CITY-ST-ZIP	ST. PAUL PARK MN
TITLE	D
NAME	GARELICK, HERBERT J.
STREET ADDRESS	644 SECOND ST.
CITY-ST-ZIP	ST. PAUL PARK MN
TITLE	V
NAME	GARELICK, RICHARD J
STREET ADDRESS	644 2ND STR
CITY-ST-ZIP	ST PAUL MARK MN
TITLE	V
NAME	CORONIS, LEWIS H
STREET ADDRESS	644 2ND STR
CITY-ST-ZIP	ST PAUL PARK MN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Lewis H. Coronis DATE 1/18/95 TELEPHONE # 612/459-9795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR