

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

**FILED**  
**Jan 30, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

01-30-1999 90006 048 \*\*\*\*150.00

DOCUMENT # **P00296**

1. Corporation Name  
**GARELICK MFG. CO.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**12/15/1983**

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 owes the current year Intangible Personal Property Tax.  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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**KOHN, ROBERT M**  
**7151 - 114TH AVENUE NORTH**  
**SUITE 1500**  
**LARGO FL 34643**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code **FL**

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

TITLE  DELETE

NAME **CD GARELICK, SAUL S.**

STREET ADDRESS **644 SECOND ST.**

CITY-ST-ZIP **ST. PAUL PARK MN**

TITLE  DELETE

NAME **PS GARELICK, KENNETH D.**

STREET ADDRESS **644 SECOND ST.**

CITY-ST-ZIP **ST. PAUL PARK MN**

TITLE  DELETE

NAME **D GARELICK, HERBERT J.**

STREET ADDRESS **644 SECOND ST.**

CITY-ST-ZIP **ST. PAUL PARK MN**

TITLE  DELETE

NAME **V GARELICK, RICHARD J**

STREET ADDRESS **644 2ND STR**

CITY-ST-ZIP **ST PAUL MARK MN**

TITLE  DELETE

NAME **V CORONIS, LEWIS H**

STREET ADDRESS **644 2ND STR**

CITY-ST-ZIP **ST. PAUL PARK MN**

TITLE  DELETE

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **41-0775702**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME **12/15/1983**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP **41-0775702**

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 attachment with an address, with all other like empowered.

SIGNATURE **LEWIS H CORONIS** 4/4/99 651/459-9795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)