FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business
21 1403 Dunn Avenue #6
Suite, Apt #, etc.
22 Jacksonville, FL
City & State
23
Zip: 24 32218 — County: 25 DUVAL

2a. Mailing Address
26 11065 PEPPERMILL LANE
Suite, Apt #, etc.
27
City & State
28 JACKSONVILLE, FL
Zip: 29 32257 — Country: 30 DUVAL

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

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: BORIS L. ETLIN
82 Street Address (P.O. Box Number is Not Acceptable): 11065 PEPPERMILL LANE
83
84 City: JACKSONVILLE 85 FL Zip Code: 32257

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	P	☐ DELETE
NAME	ETLIN, BORIS L.	
STREET ADDRESS	2207 SOUTH FIRST ST.	
CITY ST ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	ETLIN, GALINA	
STREET ADDRESS	2207 SOUTH FIRST ST.	
CITY ST ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
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		
1.3 STREET ADDRESS	11065 PEPPERMILL LANE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	11065 PEPPERMILL LANE	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(k), 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. Boris L. Etlin (president) 2.14.96 904-751-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)