

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

FILED  
Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 856259 (7)

VINEYARD BRANDS, INC.



Principal Place of Business

Mailing Address

HAYWOOD RD.  
P.O. BOX 160  
CHESTER VT 05143

RR 5 BOX 160  
P.O. BOX 160  
CHESTER VT 05143-0160  
US

3. Date Incorporated or Qualified	04/26/1983	3a. Date of Last Report	03/06/1996
4. FEI Number	94-2217504	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business

2a. Mailing Address

21 RR# 5 Box 160  
Suite, Apt #, etc.

26 RR #5 Box 160  
Suite, Apt #, etc.

22 City & State

27 City & State

23 Chester VT  
Zip Country

28 Chester VT  
Zip Country

24 05143 25 USA

29 05143 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERKINS, GREGG  
3515 RIVERSIDE AVE  
JACKSONVILLE FL 32205

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: *Gregg Perkins* Gregg Perkins, Sales Rep. DATE: 3/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, ROBERT Z.	12 NAME	
STREET ADDRESS	CHIMNEY HOUSE, RFD	13 STREET ADDRESS	
CITY-ST-ZIP	CHESTER VT	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSAVOY, ROBERT	22 NAME	
STREET ADDRESS	POWDER HORN RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CTR. VT	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, BARBARA S.	32 NAME	
STREET ADDRESS	CHIMNEY HOUSE, RFD	33 STREET ADDRESS	
CITY-ST-ZIP	CHESTER VT	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, DANIEL E.	42 NAME	
STREET ADDRESS	911 G STREET S.E.	43 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, JERRY L.	52 NAME	
STREET ADDRESS	R.D. #1, BOX 1341 S. HILL	53 STREET ADDRESS	3883 Lockerbie Drive
CITY-ST-ZIP	LUDLOW VT	54 CITY-ST-ZIP	Birmingham, AL 35223
TITLE	VP	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROW, JAN	62 NAME	
STREET ADDRESS	69 GIRDLE RIDGE RD	63 STREET ADDRESS	
CITY-ST-ZIP	KATONAH NY	64 CITY-ST-ZIP	

14. I do 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 is based 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. 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: *Robert S. Cassavoy* Robert S. Cassavoy Treasurer DATE: 3/12/97

CR2E034 (9/96)