

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856259 (7)

1. Corporation Name
VINEYARD BRANDS, INC.



Principal Place of Business 8000 RESOURCE DRIVE BIRMINGHAM AL 35242 US	Mailing Address 2000 RESOURCE DRIVE BIRMINGHAM AL 35242 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/26/1983	
4. FEI Number 94-2217504	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

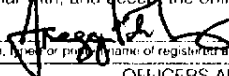
9. Name and Address of Current Registered Agent

**PERKINS, GREGG
 3515 RIVERSIDE AVE
 JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

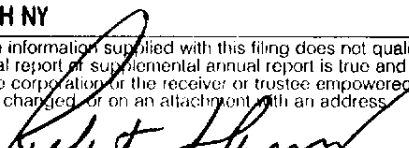
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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, Sales Rep**
 Signature, Name or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, ROBERT Z.	1.2 NAME	
STREET ADDRESS	CHIMNEY HOUSE, RFD	1.3 STREET ADDRESS	1442 Ridge Road
CITY-ST-ZIP	CHESTER VT	1.4 CITY-ST-ZIP	Templeton, CA 93465
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSAVOY, ROBERT	2.2 NAME	
STREET ADDRESS	POWDER HORN RD.	2.3 STREET ADDRESS	2328 Ridge Trail
CITY-ST-ZIP	MANCHESTER CTR. VT	2.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	BD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, BARBARA S.	3.2 NAME	
STREET ADDRESS	CHIMNEY HOUSE, RFD	3.3 STREET ADDRESS	1442 Ridge Road
CITY-ST-ZIP	CHESTER VT	3.4 CITY-ST-ZIP	Templeton, CA 93465
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, DANIEL E.	4.2 NAME	
STREET ADDRESS	911 G STREET S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, JERRY L.	5.2 NAME	
STREET ADDRESS	3883 LOCKERBIE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROW, JAN	6.2 NAME	
STREET ADDRESS	69 GIRDLE RIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KATONAH NY	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.

SIGNATURE  **Robert S. Cassavoy, Treasurer**

CR2E034 (10/97)