SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUI	MENT	# F970000	003301 (5))			
WINE IS	FINE, INC	Ç,					
Principal Place	o of Business		Mailing Address				- 1800/00 1/18 ABAN 1880/ BBAN 1880/ BBAN 1880/ BBAN 1880 1/18 ABAN 1880/ IAN 1880/
Principal Place of Business PO BOX 2172 RAMONA CA 92065			PO BOX 2172 RAMONA CA 92065				
							DO NOT WRITE IN THIS \$PACE 3. Date Incorporated or Qualified 06/24/1997
2. Principal P	lace of Busin	ess	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				33-0289236 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
City & State	te		27 City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip	1	Country	28	Cour		···-	Trust Fund Contribution Added to Fees
24		25	29	30]			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
DI 101		and Address of Current	Registered Agent		81 N	Vame	10. Name and Address of New Registered Agent
100 NW 100 CT						(D.O. Day Mambas is Med Assessable)	
	MI FL 33169			82 Street Addr			ss (P.O. Box Number is Not Acceptable)
				ļ	83		
				-	84 C	City	FL 85 Zip Code
11. Pursuant	t to the provis	ions of sections 607.0502	and 607.1508, Florida Sta	tutes, the abo	ve-nai	med corpore	ation submits this statement for the purpose of changing its registered
office or I	registered ag	ent, or both, in the State o	of Florida. Such change wi tions of, section 607,0505,	as authorized	by the	corporation	n's board of directors. I hereby accept the appointment as registered
SIGNATURE .							
12.	Signature, typod	or printed name of registered agent OFFICERS AND	the second of th	NOTE Registere	ed Agent	. Bignatura requir	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDC		[]DELETE	1.1 TITE	LĒ	· - I	Change Addition
NAME	Preiss, H			1.2 NAN	ME		
STREET ADDRESS		RA SIEMPRE VISTA		1.3 STR	3CA T33	RESS	
CITY-ST-ZIP	RAMONA	UA 92065	f**)		Y-ST-ZIP		
TITLE	vst Preiss, s	117IC	[]DELETE	2.5 TITL		İ	Change Addition
NAME		RA SIEMPRE VISTA		2.2 NAA			
STREET ADDRESS	RAMONA				EET ADD		
CITY-ST-ZiP TITLE	DC		[DELETE	3.1 TITL	Y-ST-ZIP	· 	Change Addition
NAME	PREISS, S	UZIE	1 (1)51711	3.2 NAA		i	Change C Addition
STREET ADDRESS		RA SIEMPRE VISTA		B B	REET ADD	DRESS !	
CITY-ST-ZIP	RAMONA	CA 92065		3.4 CIT	Y-ST-ZIP		
TITLE			DETETE	4.1 TITL	LF		Change Addition
NAME				4.2 NAN	MF.		
STREE I ADDRESS				4.3 STR	EET ADO	RESS	
CITY-ST-ZIP			F 3.	4.4 CIT	Y-ST-ZIP	·	
TITLE			[, DELETE	5.1 TITL			Change Addition
NAME				5.2 NAA			
STREET ADDRESS					EETADD	\ \ \	
CITY-ST-ZIP TITLE	·- -		[Îpricac	6.1 TITL	Y-ST-ZIP		
NAME] DELETE	6.2 NAA			Change Addition
STREET ADDRESS				0	eel add	RESS	
CITY-ST-ZIP				6.4 CITY			
14. I hereby co				or the exempt	lion sta		on 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supitemental 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 fin an attachment with an address.							

7-2-58 7/2:709/0