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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P15819** **(6)**

1. Corporation Name

CECCHETTI SEBASTIANI CELLAR, INC.

Principal Place of Business	Mailing Address
450 FIRST ST EAST #B2 SONOMA CA 95476-1607 US	P.O. BOX 1607 P.O. BOX 1607 SONOMA CA 95476-1607 US

2. Principal Place of Business	2a. Mailing Address
21 414 First St. East	26
Suite, Apt. #, etc.: 22 #5	Suite, Apt. #, etc.: 27
City & State: 23 Sonoma - CA	City & State: 28
Zip: 24 95476-1607 Country: 25	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 09/03/1987	3a. Date of Last Report: 03/07/1995	
4. FEI Number: 68-0066414		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

MADDEN, PETER R.
16601 NORTHWEST 8TH AVENUE
MIAMI FL 33169

10. Name and Address of New Registered Agent

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: (Signature of New Registered Agent, if changing) (Name of New Registered Agent, Typed or Printed, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SEBASTIANI, DON		12 NAME	
STREET ADDRESS	175 4TH STREET EAST		13 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA		14 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CECCHETTI, ROY E.		22 NAME	
STREET ADDRESS	19450 FRANQUELIN PLACE		23 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CECCHETTI, ROY E.		32 NAME	
STREET ADDRESS	19450 FRANQUELIN PLACE		33 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 with an address.

SIGNATURE: *Roy Cecchetti V.P.* Roy Cecchetti 2-22-96 (707) 996-8463

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