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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17158

(7)

SHAFFR VINEYARDS, INC.

SIGNATURE:

SHAFEN	VINEYARDS, INC.					
Principal Place	of Business	Mailing Address			( SOCIATEL USE ISEN) SEEN STORY DIVER SOLVE SOUT BIRDLY DIRECT CORE	
6154 SILVERADO TRAIL NAPA GA 94558		6154 SILVERADO TRAIL NAPA CA 94558-9748				
					3. Date Incorporated or Qualified 12/11/1987 3a. Date of Last Report 01/30/1996	
· · · ·	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt. #, etc.		26 Suite Ant # etc	Suite, Apt. #, etc.		94-2620001 Not Applicable	
22		<u> </u>	27		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Curr	ent Hegistered Agent		81 Name	10. Name and Address of New Registered Agent	
	NSATLANTIC SUPPLIERS		Į	oi ivaine	,	
	) NW 79TH TERR.			62 Street	Street Address (P.O. Box Number is Not Acceptable)	
MED	LEY FL 33168		}	83	· · · · · · · · · · · · · · · · · · ·	
			Ļ			
				84 City	FL 85 Zip Code	
SIGNATURE	Signature Typod or printed name of registered :				d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered re-required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8	DELETE	1.1 Til	LE	Change Addition	
NAME	SHAFER, JOHN R.		1.2 NA	ME		
STREET ADDRESS	6154 SILVERADO TRAIL		1.3 ST	REET ADDRESS		
CITY-ST-7IP	NAPA CA			Y - ST - ZIP		
TITLE	PT	DELETE	2.1 111		Change Additio	
NAME	SHAFER, DOUGLAS F. 1701 PINE STREET		2.2 NA			
STREET ADORESS   CITY+ST-ZIP	ST. HELENA CA			REET ADDRESS Ty-St-Zip		
TITLE	SI. IILLIM ON	DELETE	3.1 717		Change Additio	
NAME			3.2 NA	ME		
STREET ADDRESS			3357	REET ADDRESS		
CITY-ST-ZIP			3.4. C(	TY-ST-ZIP		
TITLE		☐ DELETE	4 1 TH		Change Additio	
NAME			4 2 N/			
STREET ADDRESS				reet address		
CITY - ST - ZIP TITLE		DELETE	4 4 CII	Y-ST-ZIP	☐ Change ☐ Additio	
NAME		L. DELLE	5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP				Y - ST - ZIP		
TITLE		DELETE	6.1 T(1		Change Additio	
NAME			6.2 NA	ME		
STREET ADDRESS		()	6.3 ST	reet address		
CITY-ST-ZIP		\		Y-ST-ZIP		
informatio Lam an o	hy certify that the information supp on indicated on this annual report of fficer or director of the cornoration or Block 12 or Block 13 inchanged.	or supplemental annual report is to or the receiver or trustee empowers	rue and a rered to e	exemption ccurate an xecute this	stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the id that my signature shall have the same legal effect as if made under oath; the report as required by Chapter 607, Fiorida Statutes; and that my name	

Old Doug Shafer, President 1/8/97 707/944-2877