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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

552172 - 90001 - 39

DOCUMENT # P22726 (4)

1. Corporation Name
The Wine Group, Inc

Principal Place of Business	Mailing Address
17000 E Hwy 120 Ripon, CA 95366	17000 E Hwy 120 Ripon, CA 95366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/25/1989

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 94 2756233 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Buchman, Abraham M. 5301 Woodlands Blvd Tamarac FL 33319	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	VP Finance ☐ Change ☐ Addition
NAME	Ciocca, Arthur A.	1.2 NAME	James C. Page
STREET ADDRESS	9 25th Avenue	1.3 STREET ADDRESS	2021 Casa Grande Courtt
CITY-ST-ZIP	San Francisco, Ca	1.4 CITY-ST-ZIP	Modesto, CA 95355
TITLE	VCD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Bates, F. Lynn	2.2 NAME	
STREET ADDRESS	5707 Chenault Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Modesto, CA	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Jesse, H. William Jr.	3.2 NAME	
STREET ADDRESS	222 Sutter St	3.3 STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Flowers, Paul W.	4.2 NAME	
STREET ADDRESS	3644 Portsmouth Cir. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Stockton, CA	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Quaccia, Louis M.	5.2 NAME	
STREET ADDRESS	218 Patricia Lane	5.3 STREET ADDRESS	
CITY-ST-ZIP	Modesto, CA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ James C. Page 4/27/99 (209) 599 4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #