

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31962 (4)
1. Corporation Name
FREY VINEYARDS, LTD. CORPORATION



Principal Place of Business
**14000 TOMKI ROAD
REDWOOD VALLEY CA 95470**

Mailing Address
**14000 TOMKI RD.
REDWOOD VALLEY CA 95470-9532
US**

3. Date Incorporated or Qualified **11/08/1990** 3a. Date of Last Report **05/01/1996**

4. FEI Number **94-2672520** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

~~LANTIER, MARC~~
~~762 S. MILITARY TRAIL~~
~~DEERFIELD BEACH FL 33442~~

10. Name and Address of New Registered Agent

81 Name **APPLE-A-DAY Bruce Herman**

82 Street Address (P.O. Box Number is Not Acceptable)
1934 Rain Forest Trail

83

84 City **Sarasota** FL 85 Zip Code **34240**

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]* **3/19/97**
Signature, typed or printed name of registered agent and loc if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FREY, PAUL	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREY, JONATHAN	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FREY, MARGUERITE	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FREY, MATTHEW	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FREY, KATRINA	
STREET ADDRESS	14000 TOMKI RD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **3/19/97 707 485-5177**

CP2E034 (9/96)