

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

0560793

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90174 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P31962**  
 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/08/1990	Applied For Not Applicable
4. FEI Number 94-2672520	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
APPLE-A-DAY BRUCE HEIMAN 1934 RAINFOREST TR SARASOTA FL 34240	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	FREY, PAUL	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	V	
NAME	FREY, JONATHAN	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FREY, MARGUERITE	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	T	
NAME	FREY, MATTHEW	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	VP	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: Katherine Harris **REC'D** 2/8/99 707-485-5177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)