

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90005 045 ***550.00

0115290

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P33186**

1. Corporation Name

UNITED DISTILLERS & VINTNERS (FLORIDA) INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6 LANDMARK SQUARE
 STAMFORD CT 06901

Mailing Address

6 LANDMARK SQUARE
 STAMFORD CT 06901

3. Date Incorporated or Qualified

03/18/1991

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

06-1240182

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 owes the current year Intangible Personal Property.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** DELETE
 NAME **PORTER, RICHARD C.**
 STREET ADDRESS **6 LANDMARK SQUARE**
 CITY-ST-ZIP **STAMFORD CT 06901**

1.1 TITLE **D** Change Addition
 1.2 NAME **HOWARD-SORRELL, LINDA**
 1.3 STREET ADDRESS **SIX LANDMARK SQUARE**
 1.4 CITY-ST-ZIP **STAMFORD, CT 06901**

TITLE **AST** DELETE
 NAME **BROWN, ROBERT T.**
 STREET ADDRESS **SIX LANDMARK SQ**
 CITY-ST-ZIP **STAMFORD CT 06901**

2.1 TITLE **T** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **AT** DELETE
 NAME **BLEICHFELD, SAMUEL**
 STREET ADDRESS **SIX LANDMARK SQUARE**
 CITY-ST-ZIP **STAMFORD CT 06901**

3.1 TITLE **S** Change Addition
 3.2 NAME **CHALMERS, SABINE**
 3.3 STREET ADDRESS **5200 BLUE LAGOON DRIVE SUITE 850**
 3.4 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **P** DELETE
 NAME **COLOMBO, JAUN JOSE**
 STREET ADDRESS **1515 COUNTRY CLUB PRDO**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **VP** DELETE
 NAME **DOBSON, ROGER**
 STREET ADDRESS **2834 SOUTH BAYSHORE PENTHOUSE 3F**
 CITY-ST-ZIP **COCOUNT GROVE FL 33133**

5.1 TITLE **VP** Change Addition
 5.2 NAME **SMITH, MICHAEL STUART**
 5.3 STREET ADDRESS **5200 BLUE LAGOON DRIVE SUITE 850**
 5.4 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **CFOV** DELETE
 NAME **SHAW, RICHARD W**
 STREET ADDRESS **10999 SW 61 COURT**
 CITY-ST-ZIP **MIAMI FL 33156**

6.1 TITLE **VP** Change Addition
 6.2 NAME **LOUDEN-CARTER, GRAHAM**
 6.3 STREET ADDRESS **5200 BLUE LAGOON DRIVE SUITE 850**
 6.4 CITY-ST-ZIP **MIAMI, FL 33126**

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.

ROBERT T. BROWN

SIGNATURE: *Robert T. Brown* **TREASURER**

7/21/99

(203) 359-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)