

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35248** (4)
1. Corporation Name
WINE ALLIANCE, INC.



Principal Place of Business P O BOX 948 HEALDSBURG CA 95448-948 US	Mailing Address P.O. BOX 33006 DETROIT MI 48232-3006
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/23/1991	
		4. FEI Number 68-0233703		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, GEORGE F			1.2 NAME			
STREET ADDRESS	19 PHEASANT LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORAMARCO JR., JON			2.2 NAME			
STREET ADDRESS	501 JEAN MARIE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA CA 95403			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, RON			3.2 NAME			
STREET ADDRESS	137 PRESIDENTIAL CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HEALDSBURG CA			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, BLAIR A.			4.2 NAME			
STREET ADDRESS	3000 TOWN CENTER #3200			4.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTHFIELD MI			4.4 CITY-ST-ZIP			
TITLE	VDGC	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIMMONS, LEON R.			5.2 NAME			
STREET ADDRESS	3000 TOWN CENTER #3200			5.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTHFIELD MI			5.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAEL J. CREMERING			6.2 NAME			
STREET ADDRESS	3000 TOWN CENTER #3200			6.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTHFIELD MI			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.

SIGNATURE: Michael J. Cremering ASST. TREASURER 1/14/98 (313) 965-6611

CR2E034 (10/97)