## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

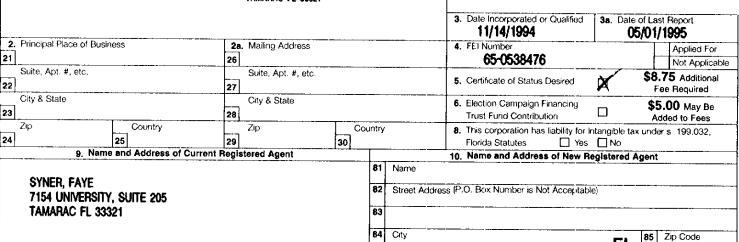
P94000084145 (9)

DOCUMENT #  1. Corporation Name	P94000084145	(9)
MERCHANT OF VINO	, INC.	

Principal Place of Business

Mailing Address

7154 UNIVERSITY, SUITE 205 TAMARAC FL 33321 7154 UNIVERSITY, SUITE 205 TAMARAC FL 33321



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.

	i, and accept the obligations of, Section 607.0	1300, Florida Statutes.				
SIGNATURE _	Signature, typed or printed name of registered agent and title if a	oolicable (NOT	E: Registered Agent signature required w	then rejected a d	DATE	<b>-</b>
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OF		DQ INI 10
TITLE	P	☐ DELETE	1. 1 TITLE	7.0071101103 011111020 10 01	Change	Addition
NAME	SYNER, FAYE		1.2 NAME			
STREET ADDRESS	7154 UNIVERSITY, STE 205		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP			
TITLE	VP .	DELETE	2. 1 TITLE		Change	☐ Addition
NAME	SYNER, ROBERT		22 NAME			
STREET ADDRESS	7154 UNIVERSITY, STE 205		23 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL		24 CITY-ST-ZIP			
TITLE	T	DELETE	3 1 TITLE		Change	Addition
NAME	Syner, Mark,		3.2 NAME		-	_
STREET ADDRESS	7154 UNIVERSITY, ST 205		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL		3.4 C(TY - ST - Z(P			
TITLE		DELETE	4. 1 TITLE		Change	Addition
NAME			4.2 NAME			_
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZIP			5 4 CITY-ST-ZIP			
THLE		DELETE	6 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP			
14 I do boroby	cortify that the information available with this E	Caralla and the contract of th				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this annual report or cupplemental 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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE OF SIGNATU

4-16-96

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CR2E034 (12/95)