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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT # 44624
1. Corporation Name
WINE CASK CORPORATION

Principal Place of Business
11460 U.S. #1
NORTH PALM BOH FL 33408

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(9)

(8

FILED May 01 1998 8:00am Secretary of State

WINE C	CASK CORPORATION					
Principal Place	e of Business	Mailing Address	Mailing Address			E 1883II Bibts Bille bille bille tidir Rebi dabi Gibts Bidts dien eien eien eien ber
11460 U.S. #1	1	11460 U.S. #1	11460 U.S. #1			
NORTH PALM BOH FL 33408 NORTH PALM BOH F			33408	3408		DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						02/12/1974
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1526051 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23	28			· _ · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution
Žip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curre	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		III TOGISTOTOL MYOU		61	Name	1A*
	DARIAN, ARTHUR H.					
	I80 U.S. #1 RTH PALM BEACH FL 33408			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
טא	RIM PALM BEACH FL 33406			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 ag	jent and fille it applicable (1	NOTE: Begistere	d Age	ent signature re	quired when reinstaring) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	X DELETE	1.1 11	TLE		Change Addition
NAME	-GREER, NANCY 11-		1.2 NAME			
STREET ADDRESS	024 U S HWY 1			TREET	ADDRESS	·
CITY-ST-ZIP	LAKE PARK FL				IT- ZIP	Change Addition
TITLE	PD ADMAN ADTUUD II	☐ DELĒTE	2.1 TI			L) Change L.) Addition
NAME	GADARIAN, ARTHUR H			AME		
STREET ADDRESS	11460 US #1			2.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH, FL 00000			2. 4 C(TY - ST - ZIP 3.1 T(TLE		Change Addition
TITLE	S D Gararian, Janis H					Cusade T vantinii
NAME CYAFET ARDOLOG	2856 SUSAN AVENUE		3.2 NAM 3.3 STRE		ADODECC	
STREET ADDRESS	BALLA DOLL OLDODILO EL				ST-ZIP	
CITY-ST-ZIP TITLE	PACHI BOTT GATIOLITO I E	DELETE	4.1 Ti		SI-ZIP	Change Addition
NAME		C3 544444	4.2 h			
STREET ADDRESS					ADDRESS	
			1		T-ZIP	
CITY-ST-ZIP TITLE		DELETE	5.1 Ti		11-211	☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP						
TITLE		DELETE		5.4 CITY-ST-2 6.1 TITLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					ST-ZIP	
	portify that the information surralied	with this filing does not qualif				in Section 119 07(3)(i) Florida Statutes, I further certify that the information

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.

MATTINE (ATT. A CO) - NOTHING IL SANGE ON