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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 465080 1. Corporation Name

WORLD OF WINES, INC.

Principal Place of Business

Mailing Address

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90121 004 ***300.00



85

Zip Code

256 S. UNIVERSITY DRIVE 256 S. UNIVERSITY DRIVE PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 11/15/1974 .			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
21	26		59-1559900 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country	Zip Cou 29 30	intry	 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No 			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
BEYER, GERALD 2740 EAST OAKLAND PARK BLVD.		81				
FORT LAUDERDALE FLORIDA FL		83	3			

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.

City

SIGNATURE Signature. System of projected name of registered appel and time if applicables (NOTE. Respitement Agent signature = market signat	agent, the familiar sharp, and accept the configuration of									
12.	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req	uired when reinstating)	DATE				
TRIESER, PAUL 12 NAME 13 STREET ADDRESS 1961 S.W. 70TH AVE. 13 STREET ADDRESS 14 CITY.ST-ZIP 14 CITY.ST-ZIP 17 TILE 17				13.						
13 STREET ADDRESS	TITLE	PD 🗆 🗅 0	ELETÉ	1.1 TITLE		☐ Change	☐ Addition			
CITY_ST_ZIP	NAME	FRIESER, PAUL		1.2 NAME						
TITLE	STREET ADDRESS	1961 S.W. 70TH AVE.		1.3 STREET ADDRESS						
FRIESER,CAROL 22 NAME 1961 S.W. 70TH AVE. 23 STREET ADDRESS	CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP						
1961 S.W. 70TH AVE. 2.3 STREET ADDRESS	TITLE	0	ELETE	2.1 TITLE		☐ Change	☐ Addition			
CITY-ST-ZIP	NAME	FRIESER,CAROL		2.2 NAME						
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DELETE	STREET ADDRESS			3.3 STREET ADDRESS						
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A3 STREET ADDRESS A4 CITY-ST-ZIP	TITLE		ELETE	4,1 TITLE		Change	Addition			
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54 CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition Additi	NAME		i	5.2 NAME						
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STREET ADDRESS 6.3 STREET ADDRESS	TITLE		ELETE	6.1 TITLE		Change				
SIREET AUDRESS	NAME			6.2 NAME						
CITY-ST-ZIP	STREET ADDRESS			6.3 STREET ADDRESS						
14. I become 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					0-45-440 07(0)() Fladda 04-44-45	where continue that the in	formation			

Intereoy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 copporation 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 or an attachment with an address, with all other like empowered.

SIGNATURE: