| CORI ANNU | PROFIT CORPORATION ANNUAL REPORT 1996 | | FEOR DA DEPARTMENT OF STATE Sandra B. Mortnarr Secretary of State DIVISION OF CORPORATIONS | | | | | |
|--|--|--|--|---|---|--|---|---------|
| DOCUMENT # 634191 (1) 1. Corporation Name WINEFUTURE, INC. | | | | | | | | |
| Principal Place 323 PARK A WINTER PK | AVE S. | М. | ai'ing Address 323 PARK AVE S. WINTER PK FL 3278 | 99 | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/17/1979 | | f Last Report 4/26/1995 | _ |
| 2. Principal Place 21 | | 2a. 26 | Mailing Address | | 4. FEI Number 59-1933276 | ·· | Applied For Not Applicab | le |
| Suite, Apt. # | , etc. | 27 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| City & State | | 28 | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Ζιρ 24 | 25 Cou | ntry 29 dress of Current Regist | Zip | Country 30 | This corporation has liability for Florida Statutes Name and Address of New | es 🗌 No | | |
| 11, Pursuant to or registerer familiar with | i, and accept the obl | ections 607,0502 and 60 he State of Florida, Such igations of, Section 607,0 | 0505. Florida Statutes. | | ration submits this statement for the product of directors. Thereby accept the approximation to the product of | FL | 85 Zip Code ging its registered official gistered agent. I am | |
| 12. TITLE | PT | OFFICERS AND DIREC | | 13. | ADDITIONS/CHANGES TO O | FFICERS AND D | IRE-CTORS IN 12 Change | 2/95 |
| NAME STREET ADDRESS CITY - ST - ZIF | GATES, RANI 323 PARK AV WINTER PARI | E SO | _ | 1.2 NAM 1.3 STRE TADDRESS 1.4 CHY ST-ZIP | | | Change E Nation | (12/95) |
| TITLE NAME STREET ADDRESS | VS GATES, JOSE 323 PARK AV | E SO | □ DELETE | 2 1 TITL: 2 2 NAMI 2 3 SERE T ADDRESS | | | Change Addit on | CR2 |
| CITY - ST - ZIP TITLE NAME STREET ADDRESS | WINTER PARI V SEARL, MARY 3039 RIVIERA OVIEDO FL | JOE | ☐ DELETE | 2.4 CHY ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STRE TADDRESS | | | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIF | ONEDO TE | | ☐ DELETE | 3.4 C.I.Y. 51 - 7IP 4.1 TITLE 4.2 NAME 4.3 STHEFT ADDRESS 4.4 C.I.Y 31 - 7IP | | | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ DELETE | 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 C TY-CT ZIP | | | Change 🔲 Addition | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | DELETE | 6 1 TITLE 62 NAME 63 SIDEC ADDRESS 4 CH1+-ST ZIP | | | Change 🗀 Addition | |
| NAME STREET ADDRESS CITY+ST-ZIP 14. I do hereby contributing that to path; that I a | certify that the information indica in an officer or direct flock 12 or Block 13 JRE: | ted on this annual pripart for of the corpulation or i | ing is voluntaris, turnis or supply mental annu ity roos yer or trustay | 6 1 TITLE 62 NAME 63 STOP ADDRESS 4 CUT-31 ZIP Shed and do-s not quality high report is true and accura | or the exemption stated in Section 11 to and that my signature shall have th s report as required by Chapter 607, f | 9.07(3)(k), Florida e same legal effe Torida Statutes, | a Statutes. I further | |