

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 634191 (1)
1. Corporation Name
WINEFUTURE, INC.



Principal Place of Business 323 PARK AVE S. WINTER PK FL 32789	Mailing Address 323 PARK AVE S. WINTER PK FL 32789-4317
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/17/1979	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1933276	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GATES, RANDALL J 323 PARK AVE SOUTH WINTER PK FL		81. Name JOSEPHINE A. GATES	
		82. Street Address (P.O. Box Number is Not Acceptable) 323 PARK AVE. SOUTH	
		83. City	
		84. City WINTER PARK	85. Zip Code FL 32789

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: *Josephine A. Gates* DATE: **1.14.97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GATES, RANDALL J		1.2 NAME	
STREET ADDRESS 323 PARK AVE SO		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		1.4 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GATES, JOSEPHINE A		2.2 NAME	
STREET ADDRESS 323 PARK AVE SO		2.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEARL, MARY JOE		3.2 NAME	
STREET ADDRESS 3039 RIVERA BAY COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP OVIEDO FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Josephine A. Gates* DATE: **1.14.97** (407) 628-3963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)