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

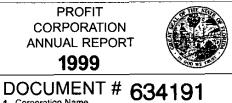
Mailing Address 323 PARK AVE S.

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name WINEFUTURE, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90003 041 ***450.00

|--|

323 PARK AVE S. WINTER PK FL 32789 323 PARK AVE S. WINTER PK FL 32789					DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 08/17/1979			
Principal Place of Business 2a. Mailing Address					4. FEI Number	P	pplied For	
21					59-1933276	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip	Cour	ntry	This corporation owes the current year Int. Personal Property Tax.	angible □ Yes	□No	
24	9. Name and Address of Curre		30]		10. Name and Address of New Registered	Agent		
	3. Haine and Address of Ourie	In Hogisterou Algent		81 Name				
GATES, JOSEPHINE A. 323 PARK AVE. SOUTH				82 Street	Address (P.O. Box Number is Not Acceptable)			
	ER PK FL 32789		ł	83				
				84 City	FL	.	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					OATE			
	Signature, typed or printed name of registered ago			Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
12 .		ND DIRECTORS DELETE	1.1 111	16	ADDITIONS/CHANGES TO OFFICERS AN	Change		
TITLE	PST CATED LODEDUME A	C) persie	1.1 111 1.2 NA					
NAME	GATES, JOSEPHINE A			1				
STREET ADDRESS	323 PARK AVE SO			REET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	1.4 CF	Y-ST-ZIP		Change	Addition	
TITLE								
NAME			2.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			_	TY-ST-ZIP		☐ Change	e	
TITLE		□ pereis	3.1 711			ondings		
NAME			3.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP		Change	Addition	
TITLE			4.1 TIT					
NAME			4.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			_	Y-ST-ZIP		Change	e Addition	
TITLE			5.1 Till 5.2 NA					
NAME				REET ADDRESS				
STREET ADDRESS			1	Y-ST-ZIP]			
CITY-ST-ZIP		☐ DELETE	6.1 TIT			Change	Addition	
TITLE			6.2 NA					
NAME .				ME REET ADDRESS				
STREET ADDRESS							,	
CITY-ST-ZIP			6.4 Cl	Y-ST-ZIP			1.2	

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP