

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

FILED

Apr 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 # 849341 (3)
1. Corporation Name
ALLIED DOMECO SPIRITS & WINE (OVERSEAS) LIMITED
(AN ENGLISH CORPORATION)

Principal Place of Business 3000 SOUTHFIELD TOWN CENTER 3200 SOUTHFIELD MI 48075-1102 US	Mailing Address P.O. BOX 33006 DETROIT MI 48232-5006
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2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/04/1981	3a. Date of Last Report 06/06/1996
4. FEI Number 98-0048536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MAINS, THOMAS GORDON	12 NAME	
STREET ADDRESS	BRIDGEWATER ROAD, BEDMINSTER DOWN	13 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL AV	14 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D AITKEN, R.	2.2 NAME	KENNETH MACKAY BURNETT
STREET ADDRESS	21 GROVERSFIELD, SHIPHAM, NR.	2.3 STREET ADDRESS	303 TANGLIN ROAD
CITY-ST-ZIP	WINSOMBE AV	2.4 CITY-ST-ZIP	SINGAPORE
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CAMPBELL, J. D.	3.2 NAME	DAMSON COTTAGE, 24105 REYBRIDGE
STREET ADDRESS	24/25 REYBRIDGE, LACOCK, NR.	3.3 STREET ADDRESS	LACOCK, CHIPPENHAM, WILTS. SN15 2PP
CITY-ST-ZIP	CHIPPENHAM W1	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD WOOD, P.A.K.	4.2 NAME	
STREET ADDRESS	ALLER HOUSE, CHAPEL ALLERTON, NR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AXBRIDGE SO	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PATRICK, TIMOTHY BURKE	5.2 NAME	
STREET ADDRESS	CHAPEL HOUSE, AUDLEY LODGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUDLEY PARK RD BA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TURNER, RICHARD GRAHAM	6.2 NAME	
STREET ADDRESS	BURNT HOUSE FARM, W. STOUGHTON, NR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEDMORE SO	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 amendment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97(313)965-6611

Date Daytime Phone #

0480377

CR2E034 (9/96)