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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 853351

(5)

1. Corporation Name

CHATEAU ELAN LTD., INC.

Principal Place of Business

100 TOUR DE FRANCE  
BRASELTON GA 30517

Mailing Address

100 TOUR DE FRANCE  
BRASELTON GA 30517-2419

3. Date Incorporated or Qualified

07/02/1982

3a. Date of Last Report

07/30/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

13-3123349

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PENCE, TOM  
547 SOUTH RANGER BLVD.  
WINTER PARK FL 32792

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

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PANOZ, DONALD E.  
STREET ADDRESS 2 PAYNTERS ROAD  
CITY-ST-ZIP TUCKERS TOWN, BERMUDA

TITLE S ☐ DELETE

NAME SYFAN, T. TREADWELL  
STREET ADDRESS 812 MEMORIAL DRIVE  
CITY-ST-ZIP GAINESVILLE GA

TITLE V ☐ DELETE

NAME PANOZ, NANCY C.  
STREET ADDRESS 2 PAYNTERS ROAD  
CITY-ST-ZIP TUCKERS TOWN BERMUDA

TITLE T ☐ DELETE

NAME MASTANDREA, TONY  
STREET ADDRESS 741 CHANNING DRIVE  
CITY-ST-ZIP ATLANTA GA 30318

TITLE BC ☐ DELETE

NAME KIRBY, MICHAEL  
STREET ADDRESS 2615 RIDGEBROOK TRAIL NW  
CITY-ST-ZIP DULUTH GA 30136

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

MICHAEL C KIRBY  
DIRECTOR OF WINERY OPERATIONS

01-23-97 770-932-0900

Date Daytime Phone #

CR2E034 (9/96)