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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001890

1. Corporation Name
TURNBULL WINE CELLARS, INC.

Principal Place of Business

8210 ST. HELENA HWY
OAKVILLE CA 94562
US

Mailing Address

POST OFFICE BOX 29
OAKVILLE CA 94562

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SERRANO, ROBERTO
TRANSATLANTIC SUPPLIERS INC.
7310 NW 79TH TERRACE
MEDLEY FL 33168

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 the corporation

(NOTE: Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME O'DELL, PATRICK
STREET ADDRESS 180 S. FORTUNA BLVD.
CITY-STATE-ZIP FORTUNA CA 95540 [] DELETE

TITLE VT
NAME MCTIGUE, ARTHUR
STREET ADDRESS 180 S. FORTUNA BLVD.
CITY-STATE-ZIP FORTUNA CA [] DELETE

TITLE S
NAME FRICK, JOANNE
STREET ADDRESS 180 S. FORTUNA BLVD.
CITY-STATE-ZIP FORTUNA CA 95540 [] DELETE

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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****150.00 ****150.00

4/12/99 (707) 725-6661

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Patrick O'Dell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/12/99 (707) 725-6661

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