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May 15 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 # F93000002375 (4)

1. Corporation Name
THE CALIFORNIA WINE COMPANY

Principal Place of Business
155 CHERRY CREEK ROAD
CLOVERDALE CA 95425

Mailing Address
155 CHERRY CREEK ROAD
CLOVERDALE CA 95425-3807



3. Date Incorporated or Qualified 05/12/1993	3a. Date of Last Report 03/26/1996
4. FEI Number 94-2713048	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

WINSTEAD, T. WAYNE
9 BELLE ISLAND AVENUE
#501
MIAMI FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNN, JOHN H	
STREET ADDRESS	36-37 KING STREET	
CITY-ST-ZIP	LONDON, EC2V 8BE	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MERRITT, JOHN B JR	
STREET ADDRESS	155 CHERRY CREEK ROAD	
CITY-ST-ZIP	CLOVERDALE CA 95425	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLAN, WILLIAM C	
STREET ADDRESS	36-37 KING STREET	
CITY-ST-ZIP	LONDON, EC2V 8BE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASTON, DEXTER W JR	
STREET ADDRESS	6150 LUSK BLVD., SUITE B-105	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARTIN, JEAN-MARIE	
STREET ADDRESS	155 CHERRY CREEK ROAD	
CITY-ST-ZIP	CLOVERDALE CA 95425	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DEL FAVA, CATHY	
STREET ADDRESS	80 BOSCHE ST.	
CITY-ST-ZIP	GEYSERVILLE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YVONNE K. WHITTAKER	
1.3 STREET ADDRESS	824 QUAIL CT	
1.4 CITY-ST-ZIP	HEALSBURG, CA 95448	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Yvonne K. Whittaker ASST. SECRETARY 4/24/97 (707) 894-4295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)