

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90028 050 ***150.00

DOCUMENT # **F93000002375**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

4. FEI Number

94-2713048

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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	AS	<input type="checkbox"/> DELETE
NAME	WHITTAKER, YVONNE K	
STREET ADDRESS	824 QUAIL CT	
CITY-ST-ZIP	HEALDSBURG CA 95448	
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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Yvonne Whittaker* **YVONNE WHITTAKER, ASST. SECRETARY 3/15/99 707-994-4295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #