

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

FILED
Feb 25 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F93000002908 (2)
 1. Corporation Name
SUGARLOAF FARMING CORPORATION

| | |
|--|--|
| Principal Place of Business 12400 IDA CLAYTON ROAD CALISTOGA CA 94515 | Mailing Address 12400 IDA CLAYTON ROAD CALISTOGA CA 94515 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------|------------------------|------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/21/1993 | |
| 21. Suite, Apt #, etc. | 22. City & State | 26. Suite, Apt #, etc. | 27. City & State | 4. FEI Number 94-2847796 | Applied For Not Applicable |
| 23. Zip | 25. Country | 28. Zip | 30. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| AUSTIN, EDWARD H 1718 MANOR DR. COCOA FL 32922 | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. | |
| | | | | 84. City | |
| | | | | 85. Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. | | | | | |

**AUSTIN, EDWARD H
 1718 MANOR DR.
 COCOA FL 32922**

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
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| 84. City | |
| 85. Zip Code | FL |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | P | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODDE, SCOTT | 12 NAME | |
| STREET ADDRESS | 1500 3RD ST., STE. D | 13 STREET ADDRESS | |
| CITY-ST-ZIP | NAPA CA 94558 | 14 CITY-ST-ZIP | |
| TITLE | VP | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VYENIELO, WILLIAM | 22 NAME | |
| STREET ADDRESS | 5832 LA CUESTA DR. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SANTA ROSA CA 95409 | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYERS, MICHAEL | 32 NAME | Clorrick, Herrington, Sutcliffe |
| STREET ADDRESS | 400 SANSOME STREET | 33 STREET ADDRESS | 666 5th Ave. |
| CITY-ST-ZIP | SAN FRANCISCO CA | 34 CITY-ST-ZIP | New York, NY 10103 |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Clorrick, Herrington, Sutcliffe |
| 33 STREET ADDRESS | 666 5th Ave. |
| 34 CITY-ST-ZIP | New York, NY 10103 |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 of this report, or on an attachment with an address.

SIGNATURE: *William Vyeniello VP*

CR2E034 (10/97)