

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002304 (3)**

1. Corporation Name  
**FAR NIENTE WINERY, INC.**



Principal Place of Business: P.O. BOX 327 OAKVILLE CA 94562  
Mailing Address: P.O. BOX 327 OAKVILLE CA 94562

3. Date Incorporated or Qualified: **05/04/1994**  
3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **68-0290928**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, ANNE  
1600 N.W. 163RD ST.  
MIAMI FL 33169**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Section 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]*  
Signature of registered or principal place of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGUIRE, LARRY</b>	1 2 NAME	
STREET ADDRESS	<b>115 DAHLIA ST.</b>	1 3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. HELENA CA 94574</b>	1 4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMPSON, DIRK</b>	2 2 NAME	
STREET ADDRESS	<b>1581 OAKVILLE GRADE RD.</b>	2 3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKVILLE CA 94562</b>	2 4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORREL, REECE</b>	3 2 NAME	
STREET ADDRESS	<b>5310 E. 31ST ST.</b>	3 3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	3 4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, HUGH B</b>	4 2 NAME	
STREET ADDRESS	<b>346 PATTON ST.</b>	4 3 STREET ADDRESS	
CITY-ST-ZIP	<b>SONOMA CA</b>	4 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKEL, GIL</b>	5 2 NAME	
STREET ADDRESS	<b>115 ABBEY PEAK RD.</b>	5 3 STREET ADDRESS	
CITY-ST-ZIP	<b>INCLINE VILLAGE NV 89450</b>	5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/19/96**  
Day/Time Phone #: **707 944-2861**

CR2E034 (12/95)