

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 31, 1999 8:00 am
Secretary of State

03-31-1999 90016 009 ***150.00

DOCUMENT # F94000002306

1. Corporation Name

DOLCE WINERY, INC.

Principal Place of Business

P.O. BOX 327
OAKVILLE CA 94562

Mailing Address

P.O. BOX 327
OAKVILLE CA 94562

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

68-0290921

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

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

TITLE **P**
NAME **HAMPSON, DIRK**
STREET ADDRESS **1581 OAKVILLE GRADE RD.**
CITY-ST-ZIP **OAKVILLE CA 94562**

TITLE **V** ☐ DELETE

NAME **MAGUIRE, LARRY**
STREET ADDRESS **115 DAHLIA ST.**
CITY-ST-ZIP **ST. HELENA CA 94574**

TITLE **S** ☐ DELETE

NAME **MORREL, REECE**
STREET ADDRESS **5310 E. 31ST ST.**
CITY-ST-ZIP **TULSA OK**

TITLE **T** ☒ DELETE

NAME **SCOTT, HUGH B**
STREET ADDRESS **346 PATTON ST.**
CITY-ST-ZIP **SONOMA CA**

TITLE **D** ☐ DELETE

NAME **NICKEL, GIL**
STREET ADDRESS **115 ABBEY PARK RD.**
CITY-ST-ZIP **INCLINE VILLAGE NV 89450**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TREASURER
LAURA HARWOOD E.
8801 HOLLYFEAF DRIVE
WINDSOR CA 94592

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA HARWOOD 3/16/99 707-944-2861

Date

Daytime Phone #

16505951

CR25034 (11/98)