FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000004025 (2)**

1. Corporation Name

OLD BRIDGE CELLARS INC.

Principal Place of Business

1232 MARKET ST.
SUITE 101
SAN FRANCISCO CA 94102

Mailing Address

1232 MARKET ST.
SUITE 101
SAN FRANCISCO CA 94102

3. Date Incorporated or Qualified: **08/02/1994**

3a. Date of Last Report: **03/07/1995**

4. FEI Number: **94-3181063** ☐ 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 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

HEBRANK, WILLIAM
7310 N.W. 79TH TER.
MEDLEY FL 33166

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) of registered agent or officer of agent _____ Name of Registered Agent (Corporation name only) _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCDONALD, ROBERT	
STREET ADDRESS	601 VAN NESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94102	
TITLE	VD	☐ DELETE
NAME	GALLAGHER, KEVIN	
STREET ADDRESS	31143 CARROLL AVE.	
CITY-ST-ZIP	HAYWARD CA 94544	
TITLE	STD	☐ DELETE
NAME	MCDONALD, KATHLEEN	
STREET ADDRESS	601 VAN NESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94102	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: R J McDonald R J McDONALD 15 APR 96 415 863 9463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #