

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1994

4. FEI Number

94-3181063

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **1212 MARKET STREET**

Suite, Apt. #, etc.

22 **#100**

City & State

23 **SAN FRANCISCO, CA**

Zip

24 **94102**

Country

2a. Mailing Address

26 **1212 MARKET STREET**

Suite, Apt. #, etc.

27 **#100**

City & State

28 **SAN FRANCISCO, CA**

Zip

29 **94102**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD MCDONALD, ROBERT**

STREET ADDRESS **601 VAN NESS**

CITY-ST-ZIP **SAN FRANCISCO CA 94102**

TITLE ☐ DELETE

NAME **VO GALLAGHER, KEVIN**

STREET ADDRESS **31143 CARROLL AVE.**

CITY-ST-ZIP **HAYWARD CA 94544**

TITLE ☐ DELETE

NAME **STD 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

**800002594098
-07/21/98--01065--031
***150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

PD MCDONALD

10/1/98

415 863 9463

FILED

Jul 17 1998 8:00am

Secretary of State

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CR2E034 (5/98)



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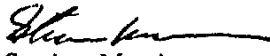
**Kathy Dembinski
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Dear Ms. Dembinski,

Per our conversation yesterday I am writing this letter to inform you that Old Bridge Cellars did not receive the initial Profit Corporation Annual Report. My suspicion is because we moved to a new office location last fall the first renewal with the old address did not get forwarded to our new office. You will find enclosed the report with our corrected address and a check for \$150.00.

If you need any further information or have any questions please call me at 415-863-9463. Thank you for your attention pertaining to this matter.

Sincerely,


Stephen Morrison

O l d B r i d g e C e l l a r s

1212 Market Street., Suite 100, San Francisco, California 94102

Telephone: (415)-863-9463 Facsimile: (415) 863-9487 E-Mail: obcwine@ix.netcom.com Web: www.obcwine.com