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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400004079 (9)

MARIETTA CELLARS, INC.

FILED
Mar 25 1998 8:00am
Secretary of State

		A 14 1-1-1-1-1 - 1-1 A 1-1-1-1 - 1-1				ANI BEHÎ BANÎ HENÎ D			
Principal Place of Business Mailing Address							******	10 1011 1001	
22295 CHIANTI RD P O BOX 1436									
GEYSERVILLE CA 95441			HEALDSBURG CA 95448			DO NOT WRITE IN THIS SPACE			
US		05	US			3. Date Incorporated or Qualified			
					08/08/1994	iio d			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	***************************************	I Ar	oplied For	
21		26			68-0189043			ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.					\$8.75		
22		27			5. Certificate of Status Desire	ed 🔲	Fee Re		
City & State		City & State			6. Election Campaign Finance	ing	\$5.00	May Be	
23		28			Trust Fund Contribution		Added t		
Ζιρ	Country	Zφ	Cou	ntry	8. This corporation owes or h	as paid the curre	nt year Int	angible	
24	25	29	30		Personal Property Tax due			No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of No	w Registered A	jent		
	DUKE, JAY			81 Name				1	
	10-6 N.W. 25TH AVENUE			82 Street	Address (P.O. Box Number is Not Acc	eptable)			
POMPANO BEACH FL 33069									
				83					
				84 City			85 Zip (	Code	
				,		FL			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State of Llorida, Such observed	alutes, the at	ove-named	corporation submits this statement for poration's board of directors. I hereby	the purpose of c	hanging it	s registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505	, Florida Stat	utes.	porations board or directors. Thereby	accept the appoi	minent as	registered	
SIGNATURE	Signature, typed or printed name of regelered		NOTE B	4 •	a required when reinstating)	DATE			
12.		AND DIRECTORS	13.	. Agent signature	ADDITIONS/CHANGES TO		DIRECTOR	S IN 12	
TETLE	PCDT	DELETE	1.110	īL <b>Ē</b>	//ODITIONO/OTIMINALO TO		Change	Addition	
NAME	BILBRO, CHRIS E	_	1.2 NA			-			
STREET ADDRESS	22295 CHIANTE RD			REET ADDRESS					
CITY-ST-ZIP	GEYSERVILLE CA			TY-ST-ZIP					
TITLE	\$	DELETE	2.1 7()			. [	Change	Addition	
NAME	GRACE, JOHN C	• • • • • • • • • • • • • • • • • • • •		ME		_	•		
STREET ADDRESS	ATA DIDED OF			REET ADDRESS				ļ	
CITY-ST-ZIP	HEALDSBURG CA			ITY-ST-ZIP				1	
TITLE		DELFTE	3.1 113				Change	Addition	
NAME			3.2 NA	ME		•			
STREET ADDRESS			3.3 ST	REET ADDRESS					
CITY-ST-ZIP			1	TY-ST-ZiP					
TITLE		☐ DELETE	4.1 Til				Change	Addition	
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REET ADDRESS	1				
CITY-ST-ZIP			4.4 C()	TY-ST-ZIP					
TITLE		DELETE	5.1 T/I				Change	Addition	
NAME			5.2 NA	ME	1				
STREET ADDRESS				REET AODRESS					
CITY-ST-ZIP				ry-ST-ZIP					
TALE		DELETE	6.1 TIT				_) Change	Addition	
NAME			6.2 NA			Book	•		
STREET ADDRESS				reet address					
CITY-ST-ZIP				TY-ST-ZIP					
	certify that the information supplied	with this filma does not quali			L ed in Section 119.07(3)(i), Florida Statu	tes. I further certi	fy that the	info mation	

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 adjust 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 improvement to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

CICMATUDE

3/16/95