FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 PM 9:21

DOCUMENT # **F94000004527 (7)**

1. Corporation Name
CIRCLE TRADE SERVICES LIMITED, INC.

Principal Place of Business	Mailing Address
260 TOWNSEND ST. SAN FRANCISCO CA 94107	260 TOWNSEND ST. SAN FRANCISCO CA 94107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/31/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | County — 30

4. FEI Number: **93-0959551** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manual filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	GIBERT, PETER	12 NAME	
STREET ADDRESS	260 TOWNSEND ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	KEIRLE, STUART	22 NAME	
STREET ADDRESS	260 TOWNSEND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	KENNIS, ROBERT	32 NAME	
STREET ADDRESS	260 TOWNSEND ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MANGHIRMALANI, RAMESH	42 NAME	
STREET ADDRESS	260 TOWNSEND ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	FRENCH, MICHAEL	52 NAME	
STREET ADDRESS	260 TOWNSEND ST.	53 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

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

0491993 FN

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004585 (5)**

1. Corporation Name

KAUTZ VINEYARDS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2263 MURPHYS CA 95247	P.O. BOX 2263 MURPHYS CA 95247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1894 Six Mile Road
Suite, Apt. #, etc.
22
City & State
23 Murphys, CA
24 Zip 95247 25 Country U.S.A.

2a. Mailing Address
26 1894 Six Mile Road
Suite, Apt. #, etc.
27
City & State
28 Murphys, CA
29 Zip 95247 30 Country U.S.A.

4. FEI Number: 68-0196304 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POLGANO, CHRIS
23257 STATE ROAD 7
BOCA RATON FL 33428

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	KAUTZ, JOHN H	12 NAME		
STREET ADDRESS	5490 E. BEAR CREEK RD.	13 STREET ADDRESS		
CITY-ST-ZIP	LODI CA 95240	14 CITY-ST-ZIP		
TITLE	C	21 TITLE		☐ Change ☐ Addition
NAME	KAUTZ, GAIL E	22 NAME		
STREET ADDRESS	5490 E. BEAR CREEK RD.	23 STREET ADDRESS		
CITY-ST-ZIP	LODI CA 95240	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KAUTZ, JOHN F	32 NAME		
STREET ADDRESS	5252 BEAR CREEK RD.	33 STREET ADDRESS		
CITY-ST-ZIP	LODI CA 95240	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	KAUTZ, STEPHEN J	42 NAME		
STREET ADDRESS	5490 BEAR CREEK RD.	43 STREET ADDRESS		
CITY-ST-ZIP	LODI CA 95240	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	MILLIER, STEVE	52 NAME		
STREET ADDRESS	09 SCHOOL ST.	53 STREET ADDRESS		
CITY-ST-ZIP	MURPHYS CA 95247	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	KAUTZ, KURT A	62 NAME		
STREET ADDRESS	11724 MICKE GROVE RD.	63 STREET ADDRESS		
CITY-ST-ZIP	LODI CA 95240	64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Stephen Millier Vice-President 6/19/95 (209) 728-1251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163717 FN