**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 0/0/95: $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
95 JUL 19 AM 8:26

DOCUMENT # **F94000005644 (9)**

1. Corporation Name

**DURNEY WINERY COPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~300 CLOCK TOWER PLACE~~<br>~~SUITE 102E~~<br>~~CARMEL CA 93923~~ | ~~300 CLOCK TOWER PLACE~~<br>~~SUITE 102E~~<br>~~CARMEL CA 93923~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report:

| | |
|---|---|
| 2. Principal Place of Business<br>21 2601 So. Bayshore Dr | 2a. Mailing Address<br>26 2601 So. Bayshore Dr |
| Suite, Apt. #, etc.<br>22 Suite 1135 | Suite, Apt. #, etc.<br>27 Suite 1135 |
| City & State<br>23 Miami Fl. | City & State<br>28 Miami Fl |
| Zip / County<br>24 33133 / 25 USA | Zip / County<br>29 33132 / 30 USA |

4. FEI Number: 33-0581953 ☐ 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

6. This corporation is liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| **FREEMAN, ROBERT A PA**<br>**2601 S. BAYSHORE DRIVE, SUITE 1425**<br>**MIAMI FL 33133** | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 restating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FREEMAN, ROBERT A | 12 NAME | |
| STREET ADDRESS | 1809 MICANOPY AVENUE | 13 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33133 | 14 CITY ST ZIP | |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HELLER, HENRY | 22 NAME | |
| STREET ADDRESS | 20 CENTRAL PARK SOUTH | 23 STREET ADDRESS | |
| CITY ST ZIP | NEW YORK NY 10019 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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)(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: X _____ 7-13-95 (305)858-3274
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0183476 FN