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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006243 (8)

1. Corporation Name

CAPITAL BREWERY COMPANY, INC.

Principal Place of Business

7734 TERRACE AVENUE
MIDDLETON WI 53562

Mailing Address

7734 TERRACE AVENUE
MIDDLETON WI 53562-9163

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

39-1473520

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LION FINE WINES, INC.
710 MILITARY TRAIL
DEERFIELD BEACH FL 33442

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 PTD ☐ DELETE

NAME LINGK, RICHARD
STREET ADDRESS 6699 HARVEST HILL RD.
CITY- ST- ZIP WAUNAKEE WI

TITLE D ☐ DELETE

NAME NELSON, KIRBY
STREET ADDRESS 7009 MAYWOOD AVE.
CITY- ST- ZIP MIDDLETON WI

TITLE D ☐ DELETE

NAME KING, RICHARD W
STREET ADDRESS 1625 CAPITAL AVE.
CITY- ST- ZIP MADISON WI

TITLE CD ☐ DELETE

NAME WIENER, SCOTT
STREET ADDRESS 5462 HWY 4
CITY- ST- ZIP MOUNT HOREB WI

TITLE D ☒ DELETE

NAME BAILEY, DONALD
STREET ADDRESS 4194 ROSE CT.
CITY- ST- ZIP MIDDLETON WI

TITLE D ☐ DELETE

NAME DUROCHER, CARL
STREET ADDRESS 1441 WILLIAMSON ST.
CITY- ST- ZIP MADISON WI

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 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 SIGNING OFFICER OR DIRECTOR

April 3, 1997 608/836-7100

Date

Daytime Phone #

0506843

CR2E034 (9/96)