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SEUNETARY OF STATE IALL AHASSEE, FLORIDA

THE NUMBER OF LORIDA

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000858

1. Corporation Name

NEWLAN VINEYARDS & WINERY, INC.

Principal Place of Business Mailing Address					14111 marit 28181 18181 21181 1811 1811 1881	
5225 SOLANO AVE		5225 SOLANO AVE				
NAPA CA 9455	18	NAPA CA 94558			DO NOT WRITE IN T	HIS SOACE
					3. Date Incorporated or Qualified	THO OF ACE
ĺ					02/20/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			68-0235613	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired []	\$8.75 Additional
22		27			3, Comments of Sund's Exestred	flee Required
City & State		City & State	1 1 "		6. Efection Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country		Trust Fund Contribution	Added to Fees
Zip 24	f 1				8. This corporation owes the current year Personal Property Tax	r Intangible [] Yes X (No
24]	25 9. Name and Address of Curre	29 3	.ο _Ι		10. Name and Address of New Registe	
			81	Name	, traine grant record or the wine group	. sa rigom
LANO, CHRIS				6	10 0 Ft - No. 1	
1082 \$ ROGERS CIR			82	82 Street Address (P.O. Box Number is Not Acceptable)		
BOC	CA RATON FL 33487		83	*		
			84	City		85 Zip Code
			104	City		FL 85 Zip Code
office or I	registered agent, or both, in the State am familiar with, and accept the oblig-	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by la Statutes	the corporatio	oration submits this statement for the purpos in's board of directors. I hereby accept the a	opoliutment as registered
12.	Signature, typed or printed name of registered ap-	entand blee if applicable (NOTE R ND DIRECTORS	ejstered Agert I 13 .	I separation trapered	DATE ADDITIONS/CHANGES TO OFFICERS	· ·
TITLE	DPS	(DELETE	11 THE		ADDITIONS/CHANGES TO OFFICERS	[Change
NAME	NEWLAN, BRUCE M	<u>-</u> ,	12 NAME		10000285	
STREET ADDRESS	1305 CARRELL LN		1.3 \$18E6.1	ADDRESS.	-04/30/99 -	-01117009
CITY-ST-2IP	NAPA CA 94558		14 CITY-SI	-Z#	****150.0	0 ****150.00
TITLE	DV	FIDELETE	21 TITLE			[Change
NAME	NEWLAN, GLEN R		2.2 NAME			
STREET ADDRESS	5227 SOLANO AVE		23 STREE1	ADDRESS		
CITY-ST-ZIP	NAPA CA 94558		2 4 CiTY+\$	7.261		
TITLE		[] DELETE	3.1 THEE			[] Change
NAME			3.5 NAME			
STREET ADDRESS			33STREET	ADDRESS		
CITY-ST-ZIP		Elemen.	34 CITY-S	T-2#*		
TITLE		[.] DELETE	4 1 TIPLE			[]Change []Addition
NAME			4 2 NAME			
STREET ADDRESS			435TREE1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP		[] DELETE	44 CITY-ST 51 TULE	-710	N14121	[]Change []Addition
		[Dett tt	5 7 MANE		1), "	Literange Literatura

14. Thereby 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 furstee 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 atjachment with an address, with all other like empowered.

5.3 STREET ACIDRESS

6.3 STREET ADDRESS

5.4 CITY-\$1-2IF

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[| DELETE

4/14/99

(507) 251-2399

[] Addition

CR2E034 (11/98)