

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90119 038 ***150.00

0080253

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F98000004680

1. Corporation Name
WINE COUNTRY, INC.

Principal Place of Business 270 W. NEW ENGLAND AVE. WINTER PARK FL 32789	Mailing Address 270 W. NEW ENGLAND AVE. WINTER PARK FL 32789
--	--

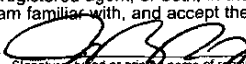


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1998	
21		26		4. FEI Number 59-3526514 APPLIED FOR-	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

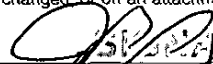
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name	BRUTY, JAMES		
				82 Street Address (P.O. Box Number is Not Acceptable)	270 W NEW ENGLAND AVE		
				83			
				84 City	WINTER PARK,	85 Zip Code	FL 32789

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  **CO-PRESIDENT** **4/30/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILVERS, KENNETH C	1.2 NAME	
STREET ADDRESS	5815 S.E. FEDERAL HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILVERS, ADAM C	2.2 NAME	CHILVERS, ADAM
STREET ADDRESS	2750 WESTPOINT BLVD., APT 1035	2.3 STREET ADDRESS	272 W. NEW ENGLAND AVE
CITY-ST-ZIP	ORLANDO FL 34997	2.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUTY, JAMES	3.2 NAME	BRUTY, JAMES
STREET ADDRESS	506-B S. ALBANY AVE.	3.3 STREET ADDRESS	272 W. NEW ENGLAND AVE
CITY-ST-ZIP	TAMPA FL 33606	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:  **CO-PRESIDENT** **4/30**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)