

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L90013 (8)

1. Corporation Name

WABASSO WINE COMPANY

Principal Place of Business

P.O. BOX 1182  
WABASSO FL 32970

Mailing Address

P.O. BOX 1182  
WABASSO FL 32970



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		07/16/1990		08/08/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0211301		Not Applicable	
Country		Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
30		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

ANDERSEN, KEITH  
8740 U.S. HIGHWAY ONE  
WABASSO FL 32970

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	KEITH, ANDERSON	1.2 NAME	
STREET ADDRESS	720 SOUTH U.S. 1	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	VPS	2.1 TITLE	S
NAME	FOX, GARY	2.2 NAME	FOX, GARY
STREET ADDRESS	1981 SAND DOLLAR LANE	2.3 STREET ADDRESS	1981 SAND DOLLAR LANE
CITY - ST - ZIP	VERO BCH FL	2.4 CITY - ST - ZIP	VERO BCH FL
TITLE	T	3.1 TITLE	T
NAME	FOX, GARY	3.2 NAME	J. TREVOR WRIGHT
STREET ADDRESS	1981 SAND DOLLAR LANE	3.3 STREET ADDRESS	200 SABLE OAK LANE #103
CITY - ST - ZIP	VERO BCH FL	3.4 CITY - ST - ZIP	VERO BCH FL 32903
TITLE		4.1 TITLE	V.P.
NAME		4.2 NAME	CHRIS GROSS
STREET ADDRESS		4.3 STREET ADDRESS	426 TULIP DRIVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SEBASTIAN FL 32958
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

KEITH ANDERSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96 (407) 4613097

Date

Telephone Number

CR2E034 (3/96)