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# May 13 1997 8:00am
# Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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 | Mailing Address |
|---|---|
| P.O. BOX 1182<br>WABASSO FL 32970 | P.O. BOX 1182<br>WABASSO FL 32970 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 8740 US HIGHWAY ONE | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 WABASSO, FL | 28 |
| Zip / County | Zip / County |
| 24 32970 / 25 INDIAN RIVER | 29 / 30 |

3. Date Incorporated or Qualified: 07/16/1990
3a. Date of Last Report: 08/05/1996
4. FEI Number: 65-0211301 — [ ] 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. [X] 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 — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1502, 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: J. T. Wright — 9/30/91.
Signature of Registered Agent — Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | [ ] DELETE | 11 TITLE | [ ] Change [ ] Addition |
| NAME | KEITH, ANDERSON | | 12 NAME | |
| STREET ADDRESS | 720 SOUTH U.S. 1 | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | | 14 CITY-ST-ZIP | |
| TITLE | S | [ ] DELETE | 21 TITLE | [ ] Change [ ] Addition |
| NAME | FOX, GARY | | 22 NAME | |
| STREET ADDRESS | 1981 SAND DOLLAR LANE | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | | 24 CITY-ST-ZIP | |
| TITLE | T | [ ] DELETE | 31 TITLE | [ ] Change [ ] Addition |
| NAME | WRIGHT, J. TREVOR | | 32 NAME | |
| STREET ADDRESS | 200 SABLE OAK LANE #103 | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | | 34 CITY-ST-ZIP | |
| TITLE | V | [ ] DELETE | 41 TITLE | [ ] Change [ ] Addition |
| NAME | GROSS, CHRIS | | 42 NAME | |
| STREET ADDRESS | 426 TULIP DRIVE | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | SEBASTIAN FL 32958 | | 44 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

CR2E034 (9/96)

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 above, or on an attached sheet with an address.

**SIGNATURE:** J. T. Wright — 4/30/97 — 561-589-8540.