

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004700 (0)

1. Corporation Name

HOME WINE AND BEER TRADE ASSOCIATION, INC.



Principal Place of Business

604 N. MILLER ROAD
VALRICO FL 33594

Mailing Address

604 N. MILLER ROAD
VALRICO FL 33594

3. Date Incorporated or Qualified
09/23/1994

3a. Date of Last Report
08/31/1995

2. Principal Place of Business

2a. Mailing Address

21 649 TIMBER POND DR.
Suite, Apt. #, etc.

26 649 TIMBER POND DR.
Suite, Apt. #, etc.

4. FEI Number
59-3307380

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23 BRANDON FL

28 BRANDON FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33510 25 USA

29 33510 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERSON, DELORES
649 TIMBER POND DRIVE
BRANDON FL 33510

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Delores M. Roberson

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 PD
NAME LUNDY, DESMOND
STREET ADDRESS P.O. BOX 4220 NA
CITY-ST-ZIP VICTORIA BC V83X8

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE SD
NAME RUDD, JUDITH
STREET ADDRESS 126660 N. WILKINS AVE.
CITY-ST-ZIP ROCKVILLE MD 20852

☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE TD
NAME PARIS, ROY
STREET ADDRESS 251 LAMP LANTERN VILLAGE
CITY-ST-ZIP CHESTERFIELD MO 63017

☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Judith T. Rudd Secretary
JUDITH T. RUDD SEC'Y HWTBTA

2/7/96 301 984-9559
Date Daytime Phone #

CR2E037 (12/95)