

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004316

FILED
Apr 14, 2005
Secretary of State

Entity Name: FORT LAUDERDALE INTERNATIONAL WINE FAIR, INC.

Current Principal Place of Business:

1531 SOUTHEAST 13TH STREET
FORT LAUDERDALE, FL 333162211

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 460250
FORT LAUDERDALE, FL 333460250

New Mailing Address:

1531 SOUTHEAST 13 STREET
FORT LAUDERDALE, FL 333162211

FEI Number: 65-0860066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DU MONT, DOLPH
1531 SE 13TH ST
FORT LAUDERDALE, FL 333162211 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRISON, RON
Address: PO BOX 460250
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: D () Delete
Name: DU MONT, DOLPH
Address: 1531 SE 13TH STREET
City-St-Zip: FORT LAUDERDALE, FL 333162211

Title: D () Delete
Name: DU MONT, PATRICIA
Address: 1531 SE 13TH STREET
City-St-Zip: FORT LAUDERDALE, FL 333162211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRISON, RON
Address: 1531 SE 13 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLPH DU MONT

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date