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Mar 11 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 # P13514 (5)

1. Corporation Name
CLOS DU BOIS WINES, INC.

Principal Place of Business

132 MILL ST
P.O. BOX 948
HEALDSBURG CA 95448
US

Mailing Address

P.O. BOX 33006
~~P.O. BOX 948~~
DETROIT MI 48232-5006
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 33006

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/09/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

94-2842252

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

Yes ☐ No ☒

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 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

TITLE ☐ DELETE

NAME
P MORAMARCO, JON JR.
STREET ADDRESS
132 MILL STREET
CITY-ST-ZIP
HEALDSBURG CA

TITLE ☐ DELETE

NAME
VGM HOBART, TOM
STREET ADDRESS
132 MILL STREET
CITY-ST-ZIP
HEALDSBURG CA

TITLE ☐ DELETE

NAME
VGC TIMMONS, LEON R
STREET ADDRESS
3000 TOWN CENTER #3200
CITY-ST-ZIP
SOUTHFIELD MI

TITLE ☐ DELETE

NAME
T CLARK, BLAIR
STREET ADDRESS
3000 TOWN CENTER 33200
CITY-ST-ZIP
SOUTHFIELD MI

TITLE ☐ DELETE

NAME
VAT JELLISON, MICHAEL
STREET ADDRESS
132 MILL STREET
CITY-ST-ZIP
HEALDSBURG CA

TITLE ☐ DELETE

NAME
AT CREMERING, MICHAEL J.
STREET ADDRESS
3000 TOWN CENTER #3200
CITY-ST-ZIP
COUTHFIELD MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Southfield, MI 48075-1102

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst.
Treasurer

2/25/97

(313) 965-6611

CR2E034 (9/96)