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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1987

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. Box 33006

27 Suite, Apt. #, etc.

28 Zip

29 Country

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 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 SOUTHFIELD 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

14. I 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:

Michael J. Cremering

REQUIRED

ASST.
TREASURER

1/14/98

(313) 965-6611

CR2E034 (10/97)