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Apr 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P13514

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1987

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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	P	<input type="checkbox"/> DELETE
NAME	MORAMARCO, JON JR.	
STREET ADDRESS	132 MILL STREET	
CITY-ST-ZIP	HEALDSBURG CA	
TITLE	VGM	<input type="checkbox"/> DELETE
NAME	HOBART, TOM	
STREET ADDRESS	132 MILL STREET	
CITY-ST-ZIP	HEALDSBURG CA	
TITLE	VGC	<input checked="" type="checkbox"/> DELETE
NAME	TIMMONS, LEON R	
STREET ADDRESS	3000 TOWN CENTER #3200	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARK, BLAIR	
STREET ADDRESS	3000 TOWN CENTER 33200	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	JELLISON, MICHAEL	
STREET ADDRESS	132 MILL STREET	
CITY-ST-ZIP	HEALDSBURG CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CREMERING, MICHAEL J.	
STREET ADDRESS	3000 TOWN CENTER #3200	
CITY-ST-ZIP	SOUTHFIELD MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VGC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GORMAN, HAROLD V.
3.3 STREET ADDRESS	143 SOUND BEACH AVE
3.4 CITY-ST-ZIP	OLD GREENWICH CT 06870
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 U.S. SECRETARY

Mar. 31/99. (519) 254-5171
 Date Daytime Phone #

CR2E034 (1.1/98)