FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P15356** **(9)**

1. Corporation Name

SEBASTIANI VINEYARDS, INC.

Principal Place of Business	Mailing Address
389 FOURTH STREET. EAST **SONOMA CA 95476**	**389 FOURTH STREET. EAST** **SONOMA CA 95476**

3. Date Incorporated or Qualified: **07/27/1987**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **94-2189646** ☐ 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

9. Name and Address of Current Registered Agent

DOBRUTSKY, WAYNE
122 BECKET LANE
HEATHROW FL 32746

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if applicable (Both Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUNEO,MARYANN,SEBASTIAN		1.2 NAME	
STREET ADDRESS	700 DENMARK ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	VINEBURG CA		1.4 CITY-ST-ZIP	
TITLE	PST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CUNEO, RICHARD A.		2.2 NAME	
STREET ADDRESS	700 DENMARK STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	VINEBURG CA		2.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SEBASTIANI, DON A.		3.2 NAME	
STREET ADDRESS	175 FOURTH STREET EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEBASTIANI, SYLVIA E.		4.2 NAME	
STREET ADDRESS	247 FOURTH STREET EAST		4.3 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	900001828939
STREET ADDRESS			5.3 STREET ADDRESS	-05/20/96--01037--006
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	32
STREET ADDRESS			6.3 STREET ADDRESS	5.1
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Don A. Sebastini, COB/CEO 04/29/96 800-888-5532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #