FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P15356

SEBASTIANI VINEYARDS, INC. Principal Place of Business Mailing Address 389 FOURTH STREET. EAST SONOMA CA 95476 Mailing Address SONOMA CA 95476-5717							
						3. Date Incorporated or Qualified 07/27/1987	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Ad-			Address			4. FEI Number	Applied For
21		26	Suite, Apt. #, etc.			94-2189646	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	30	Country		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
24	25 9. Name and Addres	29 ss of Current Registered Age		<u> </u>		10. Name and Address of New Re	
DOI	BRUTSKY, WAYNE			81	Name		
122 BECKET LANE					Street Add	dress (P.O. Box Number is Not Accepta	ble)
HEATHROW FL 32748				83			
				84	City		FL 85 Zip Code
11. Pursuant office or a agorit. I a SIGNATURE		ions 607.0502 and 607.1508, I in the State of Florida. Such ic apt the obligations of, Section				rporation submits this statement for the atlon's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.		FICERS AND DIRECTORS	(1.2.2.1	13.		ADDITIONS/CHANGES TO OFFI	
THEF	V	_	DELETE	1.1 TITLE			☐ Change ☐ Additio
NAME CUNEO, MARYANN, SEBASTIAN				1.2 NAME			
STREET ADDRESS	700 DENMARK ST. VINEBURG CA			1.3 STREET	1		
CITY-SI-ZIF TITLE	PST		DELETE	1.4 CITY - ST 2.1 TITLE	1-ZIP		☐ Change ☐ Additio
NAME	CUNEO, RICHARD	A.		2.2 NAME			
STREET ADORESS	STREET ADDRESS 700 DENMARK STREET			2.3 STREET	ADDRESS		
CITY-ST-ZIP	VINEBURG CA		Del Exe	2. 4 CITY-S	17 - ZIP		
117LE	CD CERACTIANII DON	_	DELETE	3.1 TITLE	-		Change Addilio
NAME STREET ADDRESS	SEBASTIANI, DON A			3.2 NAME 3.3 STREET	ADDRESS		
CITY - \$1 - ZIF	SONOMA CA	Ter 1 - Staff		3.4 CITY-S	ì		
TIPLE	D		DELFTE	4.1 TITLE			Change Additio
NAME	SEBASTIANI, SYLVI			4. 2 NAME	[
STREET ADORESS	247 FOURTH STRE	ET EAST		4.3 STREET	í		
CITY-ST-71F	SONOMA CA		DELETE	44 City-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Additio
T-TLE NAME		L	_ precie	5.2 NAME			En Suango En Modulo
STREET ADORESS			!	5.3 STREET	ADDRESS		
CITY-SE-ZIP				5.4 CITY - S			
TITLE			DELETE	6.1 TITLE			Change Additio
NAMÉ			ľ	6.2 NAME	1		
STREET ADDRESS				6.3 STREET	!		
City-St-7IP				6.4 CITY-S	1-ZIP		

does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the inval report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the invalid that my name entire in a statutes and that my name entire in a address. 14. I do hereby certify that the information supplied with this filing information indicated on this annual report or sociological at Lam an officer or director of the conformation of the explority appears in Block 12 or Block 13 changed of the adjacet.

SIGNATURE:

ind Al Cuheo, President

03/26/97

800-888-5532

FILED

Apr 04 1997 8:00am

Secretary of State

Daytime Phone #