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Apr 23 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 # P15998

(8)

1. Corporation Name

GOOSE CROSS CELLARS, INC.

Principal Place of Business

1119 STATE LN
YOUNTVILLE CA 94599

Mailing Address

1119 STATE LN
YOUNTVILLE CA 94599-9407



| | | | | | |
|--------------------------------|--|------------------------|--|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 09/17/1987 | 03/05/1996 |
| 22 City & State | | 27 City & State | | 4. FEI Number | Applied For |
| 23 Zip | | 28 Zip | | 68-0084649 | Not Applicable |
| 24 Country | | 30 Country | | 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

KNOX, JAMES
12247 CAPTAINS LANDING
1
NORTH PALM BEACH FL 33408

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | CD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORSUCH, REY G. | 1.2 NAME | |
| STREET ADDRESS | 1119 STATE LN | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | YOUNTVILLE CA | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORSUCH, PATT S. | 2.2 NAME | |
| STREET ADDRESS | 1119 STATE LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | YOUNTVILLE CA | 2.4 CITY-ST-ZIP | |
| TITLE | P | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORSUCH, GEOFFREY H | 3.2 NAME | |
| STREET ADDRESS | 1119 STATE LN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | YOUNTVILLE CA | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, or on an attachment with an address.

SIGNATURE SIGNATURE BLOCK

4-7-97

(800) 788-0212

CR2E034 (9/96)