

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16822 (9)
 1. Corporation Name
AUDUBON CELLARS, INC.

Principal Place of Business 600 ADDISON STREET BERKELEY CA 94710	Mailing Address 600 ADDISON STREET BERKELEY CA 94710-1920
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1987	3a. Date of Last Report 05/15/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 94-2900457	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

HEIMAN, BRUCE
1934 RAIN FOREST TRAIL
SARASOTA FL 34240

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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: type 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDE, W. DIETER	1.2 NAME	
STREET ADDRESS	2833 BRODERICK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCA CA 94123	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSARD, JOHN	2.2 NAME	
STREET ADDRESS	166 ARDMORE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENSINGTON CA 94707	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLESSELLI, LLOYD	3.2 NAME	
STREET ADDRESS	2531 HOLLAND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94403	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSHKOWITZ, BARRY W	4.2 NAME	
STREET ADDRESS	316 OAKES BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN LEANDRO CA 94577	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, CHRISTINE R	5.2 NAME	
STREET ADDRESS	24004 SAN BLAS RD	5.3 STREET ADDRESS	201 Dolcita Ct.
CITY-ST-ZIP	HAYWARD CA 94526	5.4 CITY-ST-ZIP	Danville, CA 94526
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCHIE, KIRSTEN	6.2 NAME	
STREET ADDRESS	5810 MC ANDREW DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA 94611	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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Sandra B. Mortham

4/24/97

510/540-5384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)