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 # P17939

(0)

WORLD WIDE WINE & SPIRIT IMPORTERS, INC.

Principal Place of Business Mailing Address

40 OAK STREET
NORWOOD NJ 07648
NORWOOD NJ 07648-1315

FILED Jun 10 1997 8:00am Secretary of State



40 OAK STREET NORWOOD NJ 07648		40 OAK STREET NORWOOD NJ 07648-1315						
					3. Date Incorporated or Qualified 02/08/1988	3a. Date o	f Last Report 1996	
2. Principal F	2a. Mailing Address	ailing Address		4. FEI Number		Applied For		
21		26			22-2820661		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	ed \$8.75 Additional Fee Required		
City & Stat 23		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Z(p 24	Country Zip 29 30			,				
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	stered Ager	nl	
	CORPORATION SYSTEM			81 Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
				83				
				B4 City		FL 85	i i	
11. Pursuant office or regent. La	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-	502 and 607.1508, Florida Si le of Florida. Such change w igations of, Section 607.0505	atutes, the al vas authorized , Florida Stat	ove-named cor i by the corpora ites.	rporation submits this statement for the pu ation's board of directors. I hereby accep	rpose of cha the appointr	nging its registered nent as registered	
SIGNATURE		,						
	Signature, typed or printed name of registered			Agent signature requ	uired when reinstaling)	DATE		
12. TITLE	PSD OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE			
NAME	COPPINI, THOMAS A.	☐ DETERE	1.1 111			LJ	Change	
STREET ADDRESS	CHIPMAN ROAD		1.2 NA					
CITY-ST-ZIP	PALISADES NY			REE1 ADDRESS				
TITLE		DELETE	2.1 TII	Y-ST-ZIP			Change Addition	
NAME		_	2.2 NA				onango [] Noomon	
STREET ADDRESS				REFT ADDRESS				
CITY-ST-ZIP			1	TY-S1-ZIP				
TITLE		DELETE	3.1 TIT				Change	
NAME			3 2 NA	ME				
STREET ADDRESS			3.3 ST	HEET ADDRESS				
CITY-ST-ZIP			3.4. CI	IY-ST-ZIP				
TITLE		☐ DELETE	4.1 7/1	Lŧ			Change Addition	
NAME	i.		4. 2 NA	ME				
STREET ADDRESS			4.3 \$1	REET ADDRESS				
CITY-ST-ZIP				Y - S1 - ZIP				
TITLE		☐ DELETE	5.1 Til				Change	
NAME			5.2 NA	j				
STREET ADDRESS			B	REET ADDRESS				
CITY-ST-ZIP		DELETE		Y-ST-ZIP				
TITLE		T DETE IF	6.1 TIT			LJ (Change Addition	
NAME STORET ADDORSO			6.2 NA	ļ				
STREET ADDRESS	•			EET ADDRESS				
CITY-ST-ZIP			64 CIT	Y·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 priport 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 attachment.

6/100 0 2000