

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

FILED
Apr 21 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 # P18981 (1)
1. Corporation Name
ASSOCIATED VINTNERS, INC.



Principal Place of Business 14030 N.E. 145TH ST. P.O. BOX 1248 WOODINVILLE WA 98072	Mailing Address 14030 N.E. 145TH ST. P.O. BOX 1248 WOODINVILLE WA 98072-1248
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3. Date Incorporated or Qualified 04/25/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 91-0779426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ZELLWEGER, MAX	
STREET ADDRESS	10822 80TH PL, N.E.	
CITY- ST- ZIP	KIRKLAND WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAKE, DAVID	
STREET ADDRESS	14030 N.E. 145TH ST.	
CITY- ST- ZIP	WOODINVILLE WA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRANDSTROM, RAYMOND R.	
STREET ADDRESS	2105 N. 30TH	
CITY- ST- ZIP	TACOMA WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNUTSEN, BARBARA	
STREET ADDRESS	4773 BLACK DRIVE SW	
CITY- ST- ZIP	SEATTLE WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEVAN, DONALD	
STREET ADDRESS	29801 NE CHERRY VALLEY RD	
CITY- ST- ZIP	DUVALL WA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCINTOSH, SUSAN	
STREET ADDRESS	14315 130TH PL NE	
CITY- ST- ZIP	KIRKLAND WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy J. Hightower	
1.3 STREET ADDRESS	105 Ward St. #101	
1.4 CITY- ST- ZIP	Seattle, WA. 98109-3633	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max Zellweger, Resident 4-8-97 (206) 489-1569

Date

Daytime Phone #

0609226

CR2E034 (9/96)