

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/25/1988	
				4. FEI Number 91-0779426	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	ZELLWEGER, MAX	1.2 NAME	Max Zellweger
STREET ADDRESS	10822 80TH PL, N.E.	1.3 STREET ADDRESS	10822 80th Pl, NE
CITY-ST-ZIP	KIRKLAND WA	1.4 CITY-ST-ZIP	Kirkland, WA
TITLE	V	2.1 TITLE	V/D
NAME	LAKE, DAVID	2.2 NAME	David Lake
STREET ADDRESS	14030 N.E. 145TH ST.	2.3 STREET ADDRESS	14030 NE 145th St.
CITY-ST-ZIP	WOODINVILLE WA	2.4 CITY-ST-ZIP	Woodinville, WA
TITLE	T	3.1 TITLE	D
NAME	BRANDSTROM, RAYMOND R.	3.2 NAME	Raymond R. Brandstrom
STREET ADDRESS	2105 N. 30TH	3.3 STREET ADDRESS	2105 N. 30th
CITY-ST-ZIP	TACOMA WA	3.4 CITY-ST-ZIP	Tacoma, WA
TITLE	D	4.1 TITLE	T
NAME	KNUTSEN, BARBARA	4.2 NAME	Patrick Duff
STREET ADDRESS	4773 BLACK DRIVE SW	4.3 STREET ADDRESS	5337 Village Park Dr. SE #2341
CITY-ST-ZIP	SEATTLE WA	4.4 CITY-ST-ZIP	Bellevue, WA 98006
TITLE	D	5.1 TITLE	D/C
NAME	BEVAN, DONALD	5.2 NAME	Daniel R. Baty
STREET ADDRESS	29801 NE CHERRY VALLEY RD	5.3 STREET ADDRESS	3131 Elliot Ave. Ste. 500
CITY-ST-ZIP	DUVALL WA	5.4 CITY-ST-ZIP	Seattle, WA 98121
TITLE	S	6.1 TITLE	D
NAME	HIGHTOWER, TIMOTHY J	6.2 NAME	Stan Baty
STREET ADDRESS	105 WARD ST #101	6.3 STREET ADDRESS	3131 Elliot Ave. Ste. 500
CITY-ST-ZIP	SEATTLE WA	6.4 CITY-ST-ZIP	Seattle, WA 98121

14. I 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 _____

CR2E034 (10/97)