

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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20354 (7)**  
 1. Corporation Name  
**ALAMBIC, INC.**

Principal Place of Business 5000 LOW GAP ROAD P.O. BOX 175 UKIAH CA 95482	Mailing Address P. O. BOX 175 P.O. BOX 175 UKIAH CA 95482 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5000 Low Gap Road Suite, Apt. #, etc. 22 P O Box 1059 City & State 23 Ukiah CA Zip 24 95482 Country 25 USA	2a. Mailing Address 26 P O Box 1059 Suite, Apt. #, etc. 27 City & State 28 Ukiah CA Zip 29 95482 Country 30 USA
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3. Date Incorporated or Qualified 08/17/1988	4. FEI Number 94-2895035	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LEVINE, DAVID**  
 % LIQUID ASSETS  
 8563 NW 52ND PLACE  
 CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	Zip Code
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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

TITLE	PST	<input type="checkbox"/> DELETE
NAME	COALE, ANSLEY J.	
STREET ADDRESS	5000 LOW GAP ROAD	
CITY - ST - ZIP	UKIAH CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERMAIN, ROBIN HUBERT	
STREET ADDRESS	6580 BLACK BART TRAIL	
CITY - ST - ZIP	REDWOOD VALLEY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COALE, ANSLEY J.	
STREET ADDRESS	5000 LOW GAP ROAD	
CITY - ST - ZIP	UKIAH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PULSIFER, STEPHEN	
STREET ADDRESS	20 UPPER HOOD ROAD	
CITY - ST - ZIP	KATONAH NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DENISE NIDEROST	
STREET ADDRESS	730 NORTH PINE STREET	
CITY - ST - ZIP	UKIAH CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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: **Denise Niderost** Attorney-in-fact  
 1/13/98 707 462-0314

CR2E034 (10/97)