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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Mar 31 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P20393

14. I hereby certify that the information supplied indicated on this annual report of supplem officer or director of the corporation or the Block 12 or Block 13 juchanged, or on an analysis.

(5)

**RAYMOND VINEYARD & CELLAR, INCORPORATED** 

Principal Plac	e of Business	Mailing Address				ISBAT ONDIA OKOKI ESBAT OKOKI AEBA
		849 ZINFANDEL LANE				
		ST. HELENA CA 94574	ST. HELENA CA 94574		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	10 017702
					08/08/1988	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			94-2684406	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23	_	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
nc.	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Register	30 Agent
	uthern wine spirits					
	XO NW 163RD		B2	Street Add	dress (P.O. Box Number is Not Acceptable)	
	MI FL 33169		83			
			84	City		85 Zip Code
			۳	City	F	L S Zip Code
11. Pursuant	to the provisions of Sections 607.050;	2 and 607,1508, Florida Statut of Florida, Such change was:	es, the above	e-named co	rporation submits this statement for the purpose	of changing its registered
agent la	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	orida Statutes	3.	ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE		no.				<u> </u>
12.	Signature, typiod or printed name of registered age: OFFICERS AND		13.	ini signature requ	Jired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	_
TITLE	PD	DELETE 1.1 T				Change Addition
NAME			1.2 NAME			
STREET ADDRESS	\$55 WHEELER WAY		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		
TITLE			2.1 TITLE	İ		Change Addition
NAME	1600 CHARLIS CIDCLE		2.2 NAME			
STREET ADDRESS	ST. HELENA CA		2.3 STREET			:
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY-5 3.1 TITLE	51-219		Change Addition
NAME	VAVACUITA CUIVITUCI		3.2 NAME			
STREET ADDRESS	SE VALLEY WEST CIDCLE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	NAPA CA		3.4. CITY - S			
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	SATO, YASUHIRO		4. 2 NAME	-		
STREET ADDRESS	2-12-4 MINAMI-NARUSE, MAC	HIDA-SHI	4.3 STREET	ADDRESS		
CITY-ST-ZIP	TOKYO, JAPAN		4.4 DITY-S	T-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE			Change Addition
NAME	HATAKEYAMA, TSUNEJI		5.2 NAME			
STREET ADORESS	2257 FOX GLEN DRIVE		5.3 STREET	ADDRESS		
CITY-ST-ZIP	FAIRFIELD CA	T priese	5.4 CITY - S	T - 21P		Tobacca Titles
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME .			6.2 NAME			
STREET ADDRESS			6.3 STREET			

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in