FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P20557** **(5)**

1. Corporation Name

JOSEPH CERNIGLIA WINERY, INC.

Principal Place of Business	Mailing Address
RFD #1 BOX 119A PROCTORSVILLE VT 05153	RFD #1 BOX 119A PROCTORSVILLE VT 05153

3. Date Incorporated or Qualified: **08/22/1988**

3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **03-0304300** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERKMAN, HARVEY
KENSINGTON ENTERPRISES
4410 NAUTILIS DRIVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CERNIGLIA, JOSEPH		1.2 NAME	
STREET ADDRESS	335 RIVER ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VT		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CERNIGLIA, ELFREDA		2.2 NAME	
STREET ADDRESS	335 RIVER ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VT		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BLAKE, BARRY T		3.2 NAME	
STREET ADDRESS	3 LAKESIDE PINES		3.3 STREET ADDRESS	
CITY-ST-ZIP	LUDLOW VT 05149		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SWEATMAN, MICHAEL		4.2 NAME	
STREET ADDRESS	RD #1, BOX 1503		4.3 STREET ADDRESS	
CITY-ST-ZIP	WATERBURY VT 05678		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GOTTLIEB, JOSEPH		5.2 NAME	
STREET ADDRESS	14 STERLING ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	ARMONT NY 10504		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FINK, MELVIN		6.2 NAME	
STREET ADDRESS	61 CHERRY HILL		6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VT		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X _____ 3/18/96 802 226 7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #