

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:41

DOCUMENT # **P21957** (6)

1. Corporation Name
LOUIS M. MARTINI, INC.

Principal Place of Business	Mailing Address
PO BOX 112 ST. HELENA CA 94574	PO BOX 112 ST. HELENA CA 94574

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/02/1988		3a. Date of Last Report 04/18/1994	
4. FEI Number 94-1081077		Applied For 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				2a. Mailing Address				4. FEI Number				Applied For			
21				26				5. Certificate of Status Desired				Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution				\$8.75 Additional Fee Required			
22				27				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
City & State				City & State				9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
23				28				THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
Zip				Country				24				25			
24				29				29				30			
82 Street Address (P.O. Box Number is Not Acceptable)				83				84 City				85 Zip Code			
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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	MARTINI, LOUIS P.	1.2 NAME					
STREET ADDRESS	2585 SULPHUR SPRINGS RD.	1.3 STREET ADDRESS					
CITY-ST-ZIP	ST. HELENA CA	1.4 CITY-ST-ZIP					
TITLE	PD	2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	MARTINI, CAROLYN A.	2.2 NAME					
STREET ADDRESS	3450 CHILES POPE VALLEY RD	2.3 STREET ADDRESS					
CITY-ST-ZIP	ST HELENA CA	2.4 CITY-ST-ZIP					
TITLE	VD	3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	MARTINI, MICHAEL R.	3.2 NAME					
STREET ADDRESS	4319 AZALEA SPRINGS WAY	3.3 STREET ADDRESS					
CITY-ST-ZIP	CALISTOGA CA	3.4 CITY-ST-ZIP					
TITLE	D	4.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	MARTINI, PETER L.	4.2 NAME	MARTINI, PETER L.				
STREET ADDRESS	2482 SPRING MOUNTAIN RD.	4.3 STREET ADDRESS	254 SO. ST. HELENA HWY				
CITY-ST-ZIP	ST. HELENA CA	4.4 CITY-ST-ZIP	ST. HELENA, CA 94574				
TITLE	DT	5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	MARTINI, PATRICIA M.	5.2 NAME					
STREET ADDRESS	#2 5TH AVE	5.3 STREET ADDRESS					
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP					
TITLE	S	6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	ANGIOLINA, MARTINIA A.	6.2 NAME					
STREET ADDRESS	8712 DON CAROL DR	6.3 STREET ADDRESS					
CITY-ST-ZIP	EL CERRITO CA	6.4 CITY-ST-ZIP					

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)(b), 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 resolver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 1/18/95 707/963-2736
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature (Area 8)
Carolyn A. Martini, President