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Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90013 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P21957

1. Corporation Name
LOUIS M. MARTINI, INC.

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1988

4. FEI Number: 94-1081077

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINI, PETER L.	4.2 NAME	
STREET ADDRESS	254 SO ST HELENA HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGIOLINA, MARTINA A.	6.2 NAME	
STREET ADDRESS	8712 DON CAROL DR	6.3 STREET ADDRESS	Secretary Christopher Cordano
CITY-ST-ZIP	EL CERRITO CA	6.4 CITY-ST-ZIP	1391 Mountain View Avenue St. Helena, CA 94574

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, with all other like empowered.

SIGNATURE: Carolyn A. Martini 5/11/99 707 963-2736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)