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FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P27518 (0)  
1. Corporation Name  
NAPA VALLEY SPECIALTY WINES INCORPORATED

Principal Place of Business

385 A LA FATA ST  
ST. HELENA CA 94574  
US

Mailing Address

385 A LA FATA ST  
ST. HELENA CA 94574-1405  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1989	3a. Date of Last Report 02/21/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 68-0199854	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BYRNE, BILL, SR.  
2487 S.E. 15TH STREET  
POMPANO BEACH FL 33062

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JAMES E.	1.2 NAME	
STREET ADDRESS	19 FOREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, FREDERIC MICHAEL	2.2 NAME	
STREET ADDRESS	620 HARVEST LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONEY, PATRICK A.	3.2 NAME	
STREET ADDRESS	3118 CONCORD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTY, RICK L.	4.2 NAME	
STREET ADDRESS	P.O. BOX 6801 N.A.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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]*

4-7-97

(800) 788-0212

CR2E034 (9/96)