

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 # P27611 (3)
1. Corporation Name

MORGAN WINERY, INC.



Principal Place of Business: 590 BRUNKEN AVE STE C SALINAS CA 93901 US
Mailing Address: 526 BRUNKEN AVE SALINAS CA 93901

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 05/16/1995
4. FEI Number: 77-0109691
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

10. Name and Address of New Registered Agent

MADDEN, PETER
441 S.W. 12TH AVE.
16801 N.W. 8TH AVE.
DEERFIELD BEACH FL 33442

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature]

Signature of Registered Agent (Required when not changing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, DANIEL M.	
STREET ADDRESS	ONE CALERA CANYON RD.	
CITY-ST-ZIP	SALINAS CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEE, DONNA G.	
STREET ADDRESS	ONE CALERA CANYON RD.	
CITY-ST-ZIP	SALINAS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, LEROY D.	
STREET ADDRESS	4700 N TULLY G-247	
CITY-ST-ZIP	TURLOCK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, BETTY J.	
STREET ADDRESS	1785 CALIFORNIA AVE	
CITY-ST-ZIP	TURLOCK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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)(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; that I am 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, unchanged, or of my appointment with an address.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 408.151-777

CR2E034 (12/95)