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Apr 24 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 # 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 93901-4348

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 04/29/1996
4. FEI Number: 77-0108691
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. 526 BRUNKEN AVE, Suite, Apt. #, etc.
22. SALINAS CA
23. 93901, MONTEREY
24. 93901, MONTEREY
25. MONTEREY
26. 590 BRUNKEN AVE, Suite, Apt. #, etc.
27. STE C
28. SALINAS CA
29. 93901, MONTEREY
30. MONTEREY

9. Name and Address of Current Registered Agent
MADDEN, PETER
441 S.W. 12TH AVE.
16601 N.W. 8TH AVE.
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent
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 607.1508, 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

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1700 N. TULLY G - 247
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: DANIEL M. LEE
4-17-97
408-751-7777

CR2E034 (9/96)