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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **P27611**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90008 008 ***150.00

MORGAN WINERY, INC.						1 (0 E) (0 E) (1 E)	1) 	41411 414)) (11 6
Principal Place of Business Mailing Address							ויש וופוש ושוו זיו	, , , , , , , , , , , , , , , , , , ,	B:#:: #:#:: (4#:
526 BRUNKEN AVE 590 BRUNKEN AVE									
STE C	2004	C CALINAC CA MOON				DO NOT WRIT	F IN THIS S	SPACE	
SALINAS CA 93901 US		Salinas ca 93901 Us			3. Date incorporated or Qualifed				
00 00						01/08/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26	26			77-0109691		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		+ - · · ·	Additional	
22	er sagers ere	27.			5. Certificate of Status Desired		Fee F	Required	
City & Stat	e	City & State			6. Election Campaign Financing			May Be	
23		Zip Country				Trust Fund Contribution			to Fees
Zip	Country	Zip	_	ntry		8. This corporation owes the curre	nt year Inta		□No
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30		-11-1	Personal Property Tax. 10. Name and Address of New R	nistered A	☐ Yes	
	9. Name and Address of Current	кедівтегей ждепт		81	Name	IG. Haile and Address of New K	BISIOI EU F		
LARKIN, ROBERT N							··		
	SE 14TH COURT		82 Street Ad			ress (P.O. Box Number is Not Acceptal	ole)		
	RFIELD BEACH FL 33441			83			- 45	-	
								T - 1 · = .	
				84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agen		_	Agent	signature require	ed when reinstating)	DATE AND	DIRECT	
12.	OFFICERS AN	D DIRECTORS DELETE	13.	n c	Г	ADDITIONS/CHANGES TO OFF	ICERS ANI	Change	
TITLE	LEE, DANIEL M.			1.1 TITLE 1.2 NAME				<u></u>	
NAME	ONE CALERA CANYON RD.				ADDRESS				}
STREET ADDRESS	SALINAS CA			TY-ST-					
CITY-ST-ZIP	VSD	☐ DELETE	2.1 TI					☐ Change	Addition
NAME			2.2 N/	2.2 NAME					
STREET ADDRESS	ONE CALERA CANYON RD.		2.3 \$1	REET	ADDRESS				ļ
CITY-ST-ZIP	SALINAS CA		2.4 C	ITY-ST	r-ZIP				
TITLE	D	DELETE	3.1 TI		-			Change	☐ Addition
NAME	LEE, LEROY D.		3.2 N	ME.					1
STREET ADDRESS	1700 N. TULLY G-247		3.3 ST	REET	ADDRESS				
CITY-\$T-ZIP	TURLOCK CA		_	ITY-ST	r-ZIP				
TITLE	D	DELETE	4.1 TI		ļ			☐ Change	e
NAME	LEE, BETTY J.		4. 2 N						
STREET ADDRESS	1765 CALIFORNIA AVE			_	ADDRESS				
CITY-ST-ZIP	TURLOCK CA	. — — — — — — — — — — — — — — — — — — —	_	TY-ST-	-ZIP			☐ Change	Addition
TITLE		☐ DELETE	5.1 TI 5.2 N						
NAME	}				ADDRESS	•			Ì
STREET ADDRESS									
CITY-ST-ZIP		DELE TE	6.1 TI	TY-ST-	-217			Change	Addition
TITLE		7 VELETE	6.2 N						
NAME					ADDRESS				Ì
STREET ADDRESS				TY-ST-					. [
CITY-ST-ZIP	1								

CITY-ST-ZIP 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: