

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28351 (5)**

1. Corporation Name  
**HIDDEN CELLARS WINERY, INC.**



Principal Place of Business <b>1500 RUDDICK-CUNNINGHAM                  UKIAH CA 95482                  US</b>	Mailing Address <b>PO BOX 448                  TALMAGE CA 95481                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

3. Date Incorporated or Qualified <b>02/27/1990</b>	
4. FEI Number <b>94-2902626</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEVINE, DAVID  
 8563 NE 52ND PLACE  
 CORAL SPRINGS FL 33067**

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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>PATTON, DENNIS</b>	
STREET ADDRESS	<b>415 WEST MILL ST</b>	
CITY-ST-ZIP	<b>UKIAH CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HILDRETH, MICHAEL</b>	
STREET ADDRESS	<b>1520 RUDDICK-CUNNINGHAM</b>	
CITY-ST-ZIP	<b>UKIAH CA</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/>
NAME	<b>DICKERSON, JOHN</b>	
STREET ADDRESS	<b>740 KEELER AVE</b>	
CITY-ST-ZIP	<b>BERKELEY CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LOVIN, BAILEY J</b>	
STREET ADDRESS	<b>8800 GIBSON LANE</b>	
CITY-ST-ZIP	<b>POTTER VALLEY CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SHERWIN, RICHARD</b>	
STREET ADDRESS	<b>1531 CHABLIS RD</b>	
CITY-ST-ZIP	<b>HEALDSBURG CA</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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.

SIGNATURE *Dennis Patton* (94) 415 031

CR2E034 (10/97)