

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28351 (5)
1. Corporation Name
HIDDEN CELLARS WINERY, INC.

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1990	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 94-2902626		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 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip		30 Country	
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

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	PATTON, DENNIS	1.2 NAME	
STREET ADDRESS	415 WEST MILL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	UKIAH CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDRETH, MICHAEL	2.2 NAME	
STREET ADDRESS	1520 RUDDICK-CUNNINGHAM	2.3 STREET ADDRESS	
CITY-ST-ZIP	UKIAH CA	2.4 CITY-ST-ZIP	
TITLE	VSTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, JOHN	3.2 NAME	
STREET ADDRESS	740 KEELER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BERKELEY CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVIN, BAILEY J	4.2 NAME	
STREET ADDRESS	8800 GIBSON LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTTER VALLEY CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWIN, RICHARD	5.2 NAME	
STREET ADDRESS	1531 CHABLIS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HEALDSBURG CA	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 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*

02/27/1990

CR2E034 (10/97)