

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 # P29678 (0)

SKALLI CORPORATION



Principal Place of Business

8440 ST. HELENA HWY
RUTHERFORD CA 94573

Mailing Address

P. O. BOX 38
RUTHERFORD CA 94573
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/05/1990

3a. Date of Last Report

02/08/1995

4. FEI Number

94-2830523

Applied For

Not Applicable

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

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 type or printed name of registered agent and title acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

1.1 TITLE Change Addition

NAME SKALLI, ROBERT

1.2 NAME

STREET ADDRESS 912 RTE DE MONTEPELLIER

1.3 STREET ADDRESS

CITY- ST- ZIP FRANCE

1.4 CITY- ST- ZIP

TITLE V DELETE

2.1 TITLE Change Addition

NAME RODENO, MICHAELA

2.2 NAME

STREET ADDRESS 7878 MONEY ROAD

2.3 STREET ADDRESS

CITY- ST- ZIP NAPA CA

2.4 CITY- ST- ZIP

TITLE TD DELETE

3.1 TITLE Change Addition

NAME SKALLI, ALBERT

3.2 NAME

STREET ADDRESS 143 ROUTE DES 3 LUCS

3.3 STREET ADDRESS

CITY- ST- ZIP FRANCE

3.4 CITY- ST- ZIP

TITLE AS DELETE

4.1 TITLE Change Addition

NAME BROWN, DONNA

4.2 NAME

STREET ADDRESS 1732 EAST MADISON ST

4.3 STREET ADDRESS

CITY- ST- ZIP PETALUMA CA

4.4 CITY- ST- ZIP

TITLE DS DELETE

5.1 TITLE Change Addition

NAME SKALLI, BERNARD

5.2 NAME

STREET ADDRESS 145 AVENUE DE MALAKOFF

5.3 STREET ADDRESS

CITY- ST- ZIP FRANCE

5.4 CITY- ST- ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 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 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:

Donna Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96
Date

(707) 963-4507
Date/Phone #

CR2E034 (12/95)