

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30210 (9)
 1. Corporation Name
RENAISSANCE VINEYARD & WINERY, INCORPORATED



Principal Place of Business P.O. BOX 1000 OREGON HOUSE CA 95962 US	Mailing Address P.O. BOX 1000 OREGON HOUSE CA 95962-1000 US
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3. Date Incorporated or Qualified 07/17/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 94-2493221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent WINES, LION FINE 762 SO. MILITARY TRAIL DEERFIELD BEACH FL 33442	10. Name and Address of New Registered Agent 81 Name Irv Rubenstein 82 Street Address (P.O. Box Number is Not Acceptable) 1600 NW 163rd St. 83 84 City MIAMI FL 85 Zip Code 33169
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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]* DATE: **3/31/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMEY, GRANT	1.2 NAME	
STREET ADDRESS	12585 RICE'S CROSSING RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OREGON HOUSE CA	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONEY, WILLIAM	2.2 NAME	
STREET ADDRESS	10241 CANDLEWOOD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	OREGON HOUSE CA	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNDALE-BIXCOE, JAMES	3.2 NAME	PD HARVEY, PAUL
STREET ADDRESS	9184 AMRUSO LANE	3.3 STREET ADDRESS	13322 RUE MONTAIGNE
CITY-ST-ZIP	OREGON HOUSE CA	3.4 CITY-ST-ZIP	OREGON HOUSE, CA 95962
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, RODNEY	4.2 NAME	CATON, HELEN
STREET ADDRESS	12525 CAMBRIDGE LANE	4.3 STREET ADDRESS	12585 RICE'S CROSSING RD.
CITY-ST-ZIP	OREGON HOUSE CA	4.4 CITY-ST-ZIP	OREGON HOUSE, CA 95962
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILIDKER, STEVEN	5.2 NAME	GRANADOS, JOSEPH
STREET ADDRESS	1010 HURLEY WAY #280	5.3 STREET ADDRESS	12585 RICE'S CROSSING RD.
CITY-ST-ZIP	SACRAMENTO CA	5.4 CITY-ST-ZIP	OREGON HOUSE, CA 95962
TITLE	<input type="checkbox"/> DELETE	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 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: *[Signature]* **PAUL HARVEY** DATE: **3/11/97** DAYTIME PHONE: **(916) 692-8677**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)