


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

FILED
Feb 19 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 # **P30349** (5)
1. Corporation Name
BYRON VINEYARD & WINERY, INC.



Principal Place of Business 7801 ST. HELENA HWY. ATTN: JOE DI VINCENZO OAKVILLE CA 94562	Mailing Address 7801 ST. HELENA HWY. ATTN: JOE DI VINCENZO OAKVILLE CA 94562
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DO NOT WRITE IN THIS SPACE

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 30		3. Date Incorporated or Qualified 07/30/1990	
4. FEI Number 94-3036477		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. 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 BOND, WILLIAM J. 12018 DUNMORE CT. ORLANDO FL 32821		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, GREGORY M.	1.2 NAME	
STREET ADDRESS	3150 BROWNS VALLEY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CLIFFORD	2.2 NAME	
STREET ADDRESS	1155 CAMINO VALLECITO	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA	2.4 CITY-ST-ZIP	
TITLE	TAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARASSINO, RAYMOND L. JR	3.2 NAME	
STREET ADDRESS	1455 S. WHITEHALL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA	3.4 CITY-ST-ZIP	
TITLE	DCEO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDAVI, R. MICHAEL	4.2 NAME	
STREET ADDRESS	5583 SILVERADO TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	4.4 CITY-ST-ZIP	
TITLE	DCEO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDAVI, TIMOTHY J.	5.2 NAME	
STREET ADDRESS	5845 SILVERADO TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDAVI-BORGER, MARCIA	6.2 NAME	
STREET ADDRESS	130 EAST END AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10028	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.

CR2E034 (10/97)