FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32269

1. Corporation Name

THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORA TED

Principal Place of Business 1550 BRYANT ST. #700 SAN FRANCISCO CA 94103 Mailing Address

1550 BRYANT ST. #700 SAN FRANCISCO CA 94103

FILED May 10, 1999 8:00 am § Secretary of State

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					Date Incorporated or Qualifed	
<u> </u>		2a. Mailing Address	viailing Address		11/14/1990	
21	26				4. FEI Number Applied For	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				94-2780315 Not Applicable	
22		27	····		\$8.75 Additional	
City.& State City. & State					5. Certificate of Status Desired Fee Required	
23		28	Court	-		
Zip	Country	Zip	Country	y	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
24	25	29	30		Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name						
PHYLLIS FESTINGER				82 Street Address (P.O. Box Number is Not Acceptable)		
8362 PINE BLVD #247				.		
PEMBROOK PINES FL 33024			83	•		
			84	City	y 85 Zip Code	
				'	` 	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Fiorida. 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 617.0503, 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 AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	ROBERTS, JOHN		1.2 NAME		Boldey G. Spark S 1550 Bryont Street, Suite 700	
STREET ADORESS	120 WALL STREET		1.3 STREI	ET ADDRES	IESS 1550 Bryont Street, July 100	
CITY-ST-ZIP	NEWY YORK NY 10005		1.4 CITY-	ST-ZIP	SAN FORNICISCO, CA 94103	
TITLE	MD	DELETE	2.1 TITLE		Change Addition	
NAME	MCCAULEY, SANDRA		. 2.2 NAME		1 2 2 20 1 20	
	1550 BRYANT STREET SUITE	700		ET ADDRES	DECE 53 KALLAUSIA W-7	
STREET ADDRESS	SAN FRANCISCO CA 94103	700			1 SAM MEDALLISTA CH 14101	
CITY-ST-ZIP	TD	DELETE-	2. 4 CITY-	51-ZIP	Change Addition	
TITLE	· •	A CLEAR	1			
NAME	STEVE BOONE	•	3.2 NAME		,	
STREET ADDRESS	1550 BRYANT ST #700			ET ADORES	I	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	☐ DELETE	3.4. CITY-		Change Addition	
TITLE	SD SERVICE AND LAKE	I DELETE	4.1 TITLE			
NAME	BERK, MICHAEL		4. 2 NAME			
STREET ADDRESS	1550 BRYANT ST. #700		4.3 STRE	ET ADORÉS	(ESS	
CITY-ST-ZIP_	SAN FRANCISCO CA 94103		4.4 CITY-		☐ Change ☐ Addition	
TITLE	CD	☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME	DEBORAH ORRILL		5.2 NAME			
STREET ADDRESS	1550 BRYANT, ST #700		5.3 STRE	ET ADDRE	RESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94103		5.4 CfTY-			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	:		
STREET ADDRESS			6,3 STRE	ET ADDRE	RESS	
0.71.227.220.000			6.4 C/TY-	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99 Date

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