

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90099 019 ***150.00

DOCUMENT # **P35248**

1. Corporation Name

WINE ALLIANCE, INC.

Principal Place of Business

P O BOX 948
HEALDSBURG CA 95448-948
US

Mailing Address

P.O. BOX 33006
DETROIT MI 48232-3006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1991

4. FEI Number

68-0233703

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

TITLE **CD** ☐ DELETE
NAME **MCCARTHY, GEORGE F**
STREET ADDRESS **19 PHEASANT LANE**
CITY-ST-ZIP **GREENWICH CT**

TITLE **PD** ☐ DELETE
NAME **MORAMARCO JR., JON**
STREET ADDRESS **501 JEAN MARIE**
CITY-ST-ZIP **SANTA ROSA CA 95403**

TITLE **V** ☒ DELETE
NAME **JOHNSON, RON**
STREET ADDRESS **137 PRESIDENTIAL CIRCLE**
CITY-ST-ZIP **HEALDSBURG CA**

TITLE **T** ☐ DELETE
NAME **CLARK, BLAIR A.**
STREET ADDRESS **3000 TOWN CENTER #3200**
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **VDGC** ☒ DELETE
NAME **TIMMONS, LEON R.**
STREET ADDRESS **3000 TOWN CENTER #3200**
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **AT** ☐ DELETE
NAME **MICHAEL J. CREMERING**
STREET ADDRESS **3000 TOWN CENTER #3200**
CITY-ST-ZIP **SOUTHFIELD MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/S** ☐ Change ☒ Addition
1.2 NAME **STANTON, DAVID M.**
1.3 STREET ADDRESS **1255 TANGLEWOOD CT**
1.4 CITY-ST-ZIP **LASALLE, ONTARIO, CANADA N9J 2K3**

2.1 TITLE **V/F/D** ☐ Change ☐ Addition
2.2 NAME **TOLMIE, JOHN**
2.3 STREET ADDRESS **3941 MILLBROOK DRIVE**
2.4 CITY-ST-ZIP **SANTA ROSA, CA 95404**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **RUSSELL, JIM**
3.3 STREET ADDRESS **#2, WILLIAMSBURG**
3.4 CITY-ST-ZIP **IRVINE CA 92720**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **3 WHEELER AVE., TYLERS GREEN**
4.3 STREET ADDRESS **BUCKINGHAMSHIRE, HP10 8EN ENGLAND**
4.4 CITY-ST-ZIP

5.1 TITLE **VDGC** ☐ Change ☒ Addition
5.2 NAME **GORMAN, HAROLD V.**
5.3 STREET ADDRESS **24 CARRINGTON**
5.4 CITY-ST-ZIP **FARMINGTON, CT 06032**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **34758 VALLEY FORGE**
6.3 STREET ADDRESS **FARMINGTON HILLS, MI 48331**
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28/99

Date

519-254-5171

Daytime Phone #

X-244

CR2E034 (11/98)