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 # **P38597** **(1)**

1. Corporation Name

ANGELINI WINE, LTD. INC.

Principal Place of Business	Mailing Address
565 COLMAN ST. REAR STE. NEW LONDON CT 06320 US	565 COLMAN ST. REAR STE. NEW LONDON CT 06320 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **04/30/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **06-1177773** ☐ 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 incurrable tax under s. 193.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOHL INTERNATIONAL INC.
3801 SW 47 AVE.
SUITE 506
FT. LAUDERDALE FL 33329

10. Name and Address of New Registered Agent

81 Name: CORPORATE SERVICE COMPANY ~~GRANTHAM DIST. CO. INC.~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~2685 HANSROB RD~~ 1201 HAYS ST
83
84 City: ~~ORLANDO~~ TALLAHASSEE FL 85 Zip Code: ~~32804~~ 32301

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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: X _____ DATE

12. OFFICERS AND/OR DIRECTORS

TITLE	DCP	☐ DELETE
NAME	ANGELINI, JULIUS A.	
STREET ADDRESS	789 OCEAN AVE.	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	DVC	☐ DELETE
NAME	ANGELINI, PAUL V.	
STREET ADDRESS	789 OCEAN AVE.	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	D	☐ DELETE
NAME	PLEBISCITO, RONALD E.	
STREET ADDRESS	12J LAKESIDE DR.	
CITY-ST-ZIP	LEDYARD CT	
TITLE	VPT	
NAME	ANGELINI, PAUL V.	
STREET ADDRESS	789 OCEAN AVE.	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	S	
NAME	PLEBISCITO, RONALD E.	
STREET ADDRESS	12J LAKESIDE DR.	
CITY-ST-ZIP	LEDYARD CT	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change	☐ Addition
2 NAME			
3 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		☐ Change	☐ Addition
6 NAME			
7 STREET ADDRESS			
8 CITY-ST-ZIP			
9 TITLE	DSC	☒ Change	☐ Addition
10 NAME			
11 STREET ADDRESS			
12 CITY-ST-ZIP			
13 TITLE		☐ Change	☐ Addition
14 NAME			
15 STREET ADDRESS			
16 CITY-ST-ZIP			
17 TITLE		☐ Change	☐ Addition
18 NAME			
19 STREET ADDRESS			
20 CITY-ST-ZIP			
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			

CR2E034 (12/95)

14. I DO hereby certify that the information supplied with this filing is true, complete, and accurate; that my electronic 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 added by this report with an address.

SIGNATURE: Paul V. Angelini PAUL V. ANGELINI 4/12/96 (860) 444-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #