

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 27 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 # P39236 (5)
1. Corporation Name
MONEREY WINERY, INCORPORATED



Principal Place of Business POST OFFICE BOX 1997 SALINAS CA 93902	Mailing Address POST OFFICE BOX 1997 SALINAS CA 93902
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/15/1992	3a. Date of Last Report 04/10/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 77-0123080	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country		30 Country		8. 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

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOEPPEN, R. PAUL	1.2 NAME	
STREET ADDRESS	1703 STONE CANYON RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDLEY, W. BUTCH	2.2 NAME	
STREET ADDRESS	26371 IVERSON RD.	2.3 STREET ADDRESS	800 South Alta Street
CITY-ST-ZIP	GONZALES CA	2.4 CITY-ST-ZIP	Gonzales, CA 93926
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PHILLIP R.	3.2 NAME	
STREET ADDRESS	13580 PASEO TERRANO	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALINAS CA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, K.C.	4.2 NAME	
STREET ADDRESS	126 SUN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALINAS CA	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PHILLIP R.	5.2 NAME	
STREET ADDRESS	126 SUN STREET	5.3 STREET ADDRESS	800 South Alta Street
CITY-ST-ZIP	SALINAS CA	5.4 CITY-ST-ZIP	Gonzales, CA 93926
TITLE		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: 1.1 Paul TOEPPEN
SIGNATURE REQUIRED IN FACT 8/21/97 (408) 953-1424

CR2E034 (4/97)