


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90090 031 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39465

1. Corporation Name
ROBERT MONDAVI AFFILIATES INC.

Principal Place of Business POST OFFICE BOX 106 OAKVILLE CA 94562	Mailing Address POST OFFICE BOX 106 OAKVILLE CA 94562
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 68-0248574	Applied For <input type="checkbox"/> 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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SRV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNUR, ALAN E	1.2 NAME	
STREET ADDRESS	29 DIAS DORADOS	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORINDA CA	1.4 CITY-ST-ZIP	
TITLE	SRV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARTIN C.	2.2 NAME	
STREET ADDRESS	3567 HUNTERS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	2.4 CITY-ST-ZIP	
TITLE	SRV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MITCHELL J	3.2 NAME	
STREET ADDRESS	201 BRIARIDGE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANT HILL CA	3.4 CITY-ST-ZIP	
TITLE	SRV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, GREGORY M	4.2 NAME	
STREET ADDRESS	3150 BROWNS VALLEY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	4.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARASSINO, RAYMOND L., JR	5.2 NAME	
STREET ADDRESS	175 MUND ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 (707) 251-4812

CR2E034 (11/98)