

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 # **P39499 (9)**
1. Corporation Name
MONTINORE VINEYARDS LIMITED INC.



Principal Place of Business: **3663 SW DILLEY FOREST GROVE OR 97116**
Mailing Address: **P.O. BOX 560 FOREST GROVE OR 97116 US**

3. Date Incorporated or Qualified: **07/01/1992**
3a. Date of Last Report: **06/19/1995**
4. FEI Number: **93-0902632**
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 intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAHAM, LEO G.	
STREET ADDRESS	3663 SW DILLEY	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINDLAY, NANCY	
STREET ADDRESS	3663 SW DILLEY	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COUCH, ROGER	
STREET ADDRESS	3663 SW DILLEY	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, A. JANE	
STREET ADDRESS	3663 SW DILLEY	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Graham, Leo G.	
1.3 STREET ADDRESS	3663 SW Dilley Road	
1.4 CITY-ST-ZIP	Forest Grove, OR 97116	
2.1 TITLE	Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Findlay, Nancy	
2.3 STREET ADDRESS	3663 SW Dilley Road	
2.4 CITY-ST-ZIP	Forest Grove, OR 97116	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Couch, Roger	
3.3 STREET ADDRESS	3663 SW Dilley Road	
3.4 CITY-ST-ZIP	Forest Grove, OR 97116	
4.1 TITLE	Executive Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Graham, A. Jane	
4.3 STREET ADDRESS	3663 SW Dilley Road	
4.4 CITY-ST-ZIP	Forest Grove, OR 97116	
5.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Graham, Mark T.	
5.3 STREET ADDRESS	3663 SW Dilley Road	
5.4 CITY-ST-ZIP	Forest Grove, OR 97116	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Roger C. Couch Roger C. Couch, President 01-16-96 (503) 359-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)