

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO BOX 490
22 City & State	27 Suite, Apt. #, etc.
23 Zip Country	28 City & State
24 97116-0490	29 FOREST GROVE, OR
25	30 Zip Country

3. Date Incorporated or Qualified 07/01/1992	
4. FEI Number 93-0902632	Applied For Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
84 City	85 Zip Code

FL

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

TITLE	C	<input type="checkbox"/> DELETE
NAME	GRAHAM, LEO G.	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FINDLAY, NANCY	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COUCH, ROGER	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAHAM, JANE A.	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAHAM, MARK T.	
STREET ADDRESS	3663 SW DILLEY ROAD	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 _____ Roger C. Couch, President 01/08/98 (503) 359-5012

CR2E034 (10/97)