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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90153 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P39499

1. Corporation Name
MONTINORE VINEYARDS LIMITED INC.

Principal Place of Business
3663 SW DILLEY FOREST GROVE OR 97116

Mailing Address
P O BOX 490 FOREST GROVE OR 97116-490 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1992

4. FEI Number
93-0902632

5. Certificate of Status Desired Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country 29 Zip 30 Country

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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, with all other like empowered.

SIGNATURE: ROGER COUCH PRESIDENT 2/24/99 (503) 359-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)