CORF ANNU	PROFIT PORATION AL REPORT	SSULVED, MI	FLORIDA DEPAF Sandra f Secreta	RE TO REINSTALE: \$3/5 RTMENT OF STALE B Mortham iry of State CORPORATIONS		
DOCUMENT # P9400061476 (5)						
1. Corporation	Name I 570	0000	1470 (5)	,		
COAST	AL VINTNERS, INC.					
Principal Place	of Business	Mali	ing Address			8113 80114 01101 11891 01011 90810 0111 F151
19188 DOGWOOD ROAD SUITE B FORT MYERS FL 33912		SU	19168 DOGWOOD ROAD SUITE B FORT MYERS FL 33912		Date Incorporated or Qualified	
					08/17/1994	05/01/1995
2. Principal Pla	ace of Business	2a. 1	Mailing Address		4. FEI Number 65-0514736	Applied For Not Applicable
Suite, Apt #	ŧ, etc.		Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		27	Dity & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	?ip	Country	Trust Fund Contribution 8. This corporation has liability for	Intangible tax under s 199 032.
24	25	29		30	Florioa Statutes 10. Name and Address of New Re	Yes No
ĈI I	Name and Address of Cur BERS, GARY R	rrent Hegiste	red Agent	81 Name	Q. Name and Address of New He	gistered Agent
	168 DOGWOOD ROAD			82 Street	Address (P.O. Box Number is Not Acceptat	ole)
	HTE B HRT MYERS FL 33912			83		
ru	mi Miteno Pe 33812			84 City		FL 85 Zip Code
office or re	soletorad against or botto in the St.	iata of Elondia	- Such change was :	authorized by the corne	corporation submits this statement for the poration's board of directors. Thereby accept	uroose of changing its registered
agent. Far	n familiar with, and accept the ob	oligations of, S	Section 607.0505 FI	lorida Statutes	orallen a pour or all times a reason, assets, as	(the types of the type of type of the type of
SIGNATURE	Signature typed or penset to one of regelered			ITE Registered Agent signature		DATE DIRECTORS IN 10
12.	PSD	AND DIRECT	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFI	Crange Addition
NAME	SUBERS, GARY R			1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	19168 DOGWOOD ROAD FORT MYERS FL 33912	, suite b		1 3 STREET ADDRESS 1 4 CITY - ST- ZIP		
TITLE	VPTD		DELETE	2 1 TrILF		Change Addition
NAME	SUBERS, WENDI WEAVE			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS City-St-Zip	19168 DOGWOOD ROAD FORT MYERS FL 33912	, 30116 0		2 4 CHTY - S1 - ZIP		
THTLE			DELETE	3 1 T:TLF		Change Add tion
NAME STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP				34 CITY-ST-ZIP		
TITLE			DEFETE	41 fillE		Change Addition
BIALIF.				4 2 NAME 4.3 STREET ADDRESS		
NAME STREET ADDRESS				4.4 C(TY - ST ZIP		
NAME STREET ADORESS CITY-ST-ZIP			L DELETE	5 I TITLE		Change Addition
STREET ADORESS CITY-ST-ZIP TITLE				5.2 NAME		
STAFET ADDRESS CITY-SI-ZIP TITLE NAME				5.3 STREET ADDRESS		
STREET ADORESS CITY-ST-ZIP TITLE				5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP				5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I do heret futther ce	atify that the information indicated	d on this annu	s filing is voluntarily to all report or supplementarily to the supp	54 CITY-ST-ZIP 61 TITLE 62 NAMF 63 STREET ADDRESS 64 CITY-ST-ZIP furnished and does not nental annual report is	qualify for the exemption stated in Section true and accurate and that my signature sh	119 07(3)(k), Florida Statutes I all have the same logal effect as if
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do heret further ce made und	atify that the information indicated	d on this annu rector of the d	s filing is voluntarily to all report or supplem corporation or the re	54 CITY-ST-ZIP 61 TITLE 62 NAMF 63 STREET ADDRESS 64 CITY-ST-ZIP furnished and does not notal annual report is ceiver or trustee empty	true and accurate and that my signature sh wered to execute this report as required by	119 07(3)(k), Florida Statutes I all have the same legal effect as if Chapter 617, Florida Statutes, and
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