

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 # **P94000068232 (5)**

1. Corporation Name

THE GREAT VINE, INC.



Principal Place of Business

~~4000 GLADES RD SUITE 355~~
~~BOCA RATON FL 33431~~

Mailing Address

~~4000 GLADES RD SUITE 355~~
~~BOCA RATON FL 33431~~

2. Principal Place of Business

21 **1160 N. FEDERAL HWY #214**

Suite, Apt. #, etc.

22 **# 214**

City & State

23 **FT. LAUDERDALE, FL**

Zip

24 **33304**

Country

25 **BROWARD**

2a. Mailing Address

26 **1160 N. FEDERAL HWY**

Suite, Apt. #, etc.

27 **# 214**

City & State

28 **FT. LAUDERDALE**

Zip

29 **33304**

Country

30 **BROWARD**

3. Date Incorporated or Qualified
09/14/1994

3a. Date of Last Report
04/28/1995

4. FEI Number

65-0524034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GGIARRETTA, STEVEN A ESQ
4000 GLADES RD SUITE 355
BOCA RATON FL 33431

THOMAS FUCHS
1160 N. FED. HWY #214
FT. LAUDERDALE, FL 33304

10. Name and Address of New Registered Agent

81 Name

THOMAS A. FUCHS

82 Street Address (P.O. Box Number is Not Acceptable)

1160 N. FEDERAL HWY. #214

83

84 City

FT. LAUDERDALE, FL

85 Zip Code

33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 reappointing)

DATE

S. 16.96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MR. THOMAS FUCHS**
STREET ADDRESS **1160 NORTH FEDERAL HWY #214**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.96 (954) 522-1930

Date

Daytime Phone #

CR2E034 (12/95)