

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009441 (3)

1. Corporation Name

SIGNATURE WINE SELECTIONS, INC.



Principal Place of Business

170 NE 99TH STREET
MIAMI SHORES FL 33138

Mailing Address

170 NE 99TH STREET
MIAMI SHORES FL 33138

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5951 N.W. 151 STREET

26 11942 S.W. 12 STREET

4. FEI Number

65-0556184

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bay 31

27

City & State

City & State

23 MIAMI LAKES, FL

28 PEMBROKE PINES, FL

24 Zip 33014

County

25 DADE

Zip

29 33025

Country

30 Broward

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

10. Name and Address of New Registered Agent

MESE, JOHN C
170 NE 99TH STREET
MIAMI SHORES FL 33138

81 Name

CHARLES OAKLEY

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

11942 S.W. 12 STREET

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33025

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 CHARLES OAKLEY

Charles Oakley

3/11/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MESE, JOHN C
STREET ADDRESS 170 NE 99TH STREET
CITY-ST-ZIP MIAMI SHORES FL 33138 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME JOSEPH FRANKLIN
1.3 STREET ADDRESS 1531 N.W. 79 WAY
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33024

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME CHARLES OAKLEY
2.3 STREET ADDRESS 11942 S.W. 12 STREET
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME MICHAEL TRINKOWSKY
3.3 STREET ADDRESS 11942 S.W. 12 STREET
3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Joseph Franklin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

Daytime Phone #

CR2E034 (12/95)