

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 16 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000006182 (5)
 1. Corporation Name
 WENCH'S BREW, INC.



Principal Place of Business: 13982 W OZELLO TRAIL, CRYSTAL RIVER FL 34429
 Mailing Address: 13982 W OZELLO TRAIL, CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/17/1996			
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3356159		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		May Be Added to Fees	
24		29		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Zip		<input type="checkbox"/>		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Country		Country		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORAGGIO, TRICIA 13982 W OZELLO TRAIL CRYSTAL RIVER FL 34429				81 Name Charlotte Trovillo			
				82 Street Address (P.O. Box Number is Not Acceptable) 13982 W. Ozello Trail			
				83			
				84 City Crystal River FL			
				85 Zip Code 34429			

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: Charlotte Trovillo (Signature, typed or printed name of registered agent and title, if applicable)
 Charlotte Trovillo President 9-4-97 (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	TROVILLO, CHARLOTTE M	1.2 NAME	
STREET ADDRESS	14434 W OZELLO TR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	Charlotte Trovillo's ST
NAME	CORAGGIO, TRICIA	2.2 NAME	14434 W. Ozello Trail
STREET ADDRESS	14141 W BOARDWALK LANE	2.3 STREET ADDRESS	Crystal River, Fla. 34429
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	Charlotte Trovillo CV
NAME	CORAGGIO, THOMAS R	3.2 NAME	14434 W. Ozello Trail
STREET ADDRESS	14141 W BOARDWALK LANE	3.3 STREET ADDRESS	Crystal River, Fla. 34429
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	300002298713
STREET ADDRESS		6.3 STREET ADDRESS	-09/22/97--D1002--007
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***550.00

14. I do 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: Charlotte Trovillo Charlotte Trovillo 9-4-97 352-795-1400

CR2E034 (4/97)

RM
9-16-97