FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000030670 (9)

FILED May 06 1998 8:00am Secretary of State

CROWN WINE MERCHANTS, INC.					
Principal Pla	ce of Business	Mailing Address		I HADIFEDI IND ABAND BAIN BOIN DOIN DOIN BOICD	FFATA BOATA ATEAN HABAI BOAK ABBI
910 N.W. 10TH PLACE 910 N.W. 10TH PLACE					
FT. LAUDERDALE FL 33311-6199 FT. LAUDERDALE FL 33311			311-6199	DO NOT WRITE IN THI	e enace
				3. Date Incorporated or Qualified	5 SPACE
				04/03/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt	t.#, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	110	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country		Added to Fees
24	25	29	30	This corporation owes or has paid the corporation owes.	Yes XNo
	9. Name and Address of Currer	. _ _ _ _ _ _ _ _ _ 	1001	10. Name and Address of New Registers	
R	osenthal, Kerry e		81 Name		
Turnberry Plaza, Ste. 500			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	875 N.E. 191 ST				
A)	VENTURA FL 33180		83		
	*		84 City		85 Zip Code
4				F	
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 oblig	ations of, Section 607.0505, Fi	forida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ont and the diapolicable (NO)	1f : Registered Agent signalure rec	gured when reinstating) OATE	···
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KASSAL, MICHAEL		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311-6	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP		
TITLE	D DACCAL DALII	☐ DELETE	21 TITLE		Change Addition
NAME	KASSAL, PAUL 910 N.W. 10TH PLACE		2 2 NAME		
STREET ADDRESS	FT. LAUDERDALE FL 33311-6	2100	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TT. DAUDERDALE TE 333TT	T DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		- Press, 6	3.2 NAME		rouge roughtil
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE NAME		[] DELETE	6.1 TITLE 6.2 NAME		The Production
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	certify that the information supplied w	ith this filing does not qualify f		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.