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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022359 (8)

SOUTHERN WINE CELLARS, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address Ass. SWEETCHA CT					1 100						
251 SWEETGUM CT 251 SWEETGUM CT PALM HARBOR FL 34683 PALM HARBOR FL 34683			583								
THEM THINDSTEE STOOL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					DO NOT WRITE IN THIS SPACE				
						3. Date Incor 03/12/1	porated or Qualified 1997				
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address				o / w.t		Αţ	oplied For	
21		26				39-3	457514			ot Applicable	
Sulte, Ap	ot. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate	of Status Desired	esired \$8.75 Additional Fee Required			
City & St	ate	City & State				6. Election Ca	6. Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund	Contribution			to Fees	
Zip	Country	Zip	Cou	untry	,	8. This corpo	ration owes or has p	aid the curre	ent year Int	tangible	
24	25	29	30		_		roperty Tax due Jun			No	
	Name and Address of C	current Registered Agent		<u></u>			Address of New R	egistered A	gent	~	
F	INANCIAL FOUNDATIONS, IN	IC.		81	Nan	ı					
2843 THAXTON DR #37					82 Street Address (P.O. Box Number is Not Acceptable)						
	ALM HARBOR FL 34684		02 Street AC			, , (dd, 655 (, , 61 56), 116		,			
•				83							
1				84	City				85 Zip	Code	
				"	City			FL			
11. Pursuar	nt to the provisions of Sections 60	07.0502 and 607.1508, Florida Sta	itutes, the a	bove	e-nam	d corporation submits th	is statement for the	purpose of	changing i	ts registered	
office o agent. I	r registered agent, or both, in the I am lamiliar with, and accept the	obligations of, Section 607.0505,	s authorize Florida Sta	tutes	/ the c s.	rporation's poard of dire	ectors, i nereby acce	ърт ине аррс	iinineni as	registered	
SIGNATURE	Signature, typed or printed name of registor	nred soent and title if applicable U	NOTE: Realstere	ed Age	ingia Ine	re required when reinstating)		DATE			
12,		RS AND DIRECTORS	13.		<u>`</u>		CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12	
TITLE	P	DELETE	1.1 T	ITLE					Change	☐ Addition	
NAME	COLLEARY, MICHAEL		1.2 N	IAME							
STREET ADDRES	ARA AUETTOINA OT		1.3								
CITY-ST-ZIP	PALM HARBOR FL 3468	3	1.4 CITY - ST - ZIP								
TITLE		☐ DELETE							Change	Addition	
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS								
CITY-ST-ZIP	~		2. 4 CI		ST-ZIP						
TITLE	 	DELETE							Change	Addition	
NAME			3.2 N	AME							
STREET ADDRES	s		3.3 5	TREET	T ADDRE						
CITY-ST-ZIP					ST-ZIP						
TITLE		DELETE	4.1 T		-: <u></u> -	·			Change	Addition	
NAME	1	_	1	NAME							
STREET ADDRES	s		-		T ADDRE						
CITY-ST-ZIP					ST-ZIP						
TITLE		☐ DELETE	511			 			Change	☐ Addition	
NAME				IAME							
STREET ADDRES					T ADDRE						
CITY-ST-ZIP	~				ST-ZIP						
TITLE		DELETE		ITLE					Change	Addition	
NAME		_		IAME							
STREET ADDRES	ee l				T ADDRE	. [
	50				ST-ZIP						
CITY-ST-ZIP		slied with this filing does not quali				ted in Section 119 07/3	Vi) Florida Statutes	I further cer	tify that the	e information	

Thereby 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 typicle 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 attraction with an address.

812/201