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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091803 (1)

WINEMAKER YOU STORES, INC.

Principal Place of Business

Mailing Address

5006-ORTEGA-FORREST-DRIVE

5006 ORTEGA FORREST DRIVE-

FILED Apr 15 1998 8:00am Secretary of State



JACKSONVILLE FL 32210-JACKSONVILLE FL 32210-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional П 5, Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 32223 *3,*2,2,3,3 24 25 30 Personal Property Tax due June 30. **X**Yes 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SAPINSKI, THOMAS A **5086 ORTEGA FORREST DRIVE** Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 ß3 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1 1 TITLE TITLE SAPINSKI, THOMAS A 1.2 NAME NAME **5086 ORTEGA FORREST DRIVE** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 21 TITLE **Sapinski, Sandra G** NAME 22 NAME 5086 ORTEGA FORREST DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE NVAT Change Addition 3.1 TITLE TITLE STEIGHNER, NEIL NAME 3.2 NAME **5086 ORTEGA FORREST DRIVE** STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 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 all achment with all address.