

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90044 030 ***150.00

DOCUMENT # P98000041161

1. Corporation Name

CELLIER DES GRAND CRU IMPORTERS INC.

Principal Place of Business

3909 W CLEVELAND ST APT 218
TAMPA FL 33609

Mailing Address

3909 W CLEVELAND ST APT 218
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

59-3511448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 8903 REGENTS PK
Suite, Apt. #, etc.

22 DR # 110
City & State

23 TAMPA, FL
Zip Country

24 33609 25 USA

2a. Mailing Address

26 8903 REGENTS PK
Suite, Apt. #, etc.

27 DR # 110
City & State

28 TAMPA, FL
Zip Country

29 33609 30 USA

9. Name and Address of Current Registered Agent

DOWNES, BRUCE B
19651 BRUCE B DOWNES BLVD STE E64
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name VINCENT A. O'BRIEN
82 Street Address (P.O. Box Number is Not Acceptable)
8903 REGENTS PARK DRIVE
83 # 110
84 City TAMPA FL 85 Zip Code 33609

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

V. A. O'Brien

Vincent A. O'Brien

4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	ERIK BREDEMAYER	3909 W CLEVELAND ST #218	TAMPA, FL 33609		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 3(f), 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, with all other like empowered.

SIGNATURE:

Erik Bredemayer

4/22/99

Date

Daytime Phone #

CR2E034 (11/98)