

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 90210 040 ***150.00

DOCUMENT # P98000061130

1. Corporation Name
J & M WINES OF FL CORP.

Principal Place of Business
771 ANDERSON DRIVE
NAPLES FL 34103

Mailing Address
771 ANDERSON DRIVE
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/09/1998

4. FEI Number
65-0852246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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 3184 RIVER GROVE LANE
Suite, Apt. #, etc.

2a. Mailing Address
26 3184 RIVER GROVE LANE
Suite, Apt. #, etc.

22 City & State
23 Fort Myers, FL

27 City & State
28 Fort MYERS, FL

24 Zip 33905 Country LEE

29 Zip 33905 Country LEE

9. Name and Address of Current Registered Agent

BODAH, MICHAEL
771 ANDERSON DRIVE
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name Michele N. Eid
82 Street Address (P.O. Box Number is Not Acceptable) 3184 RIVER GROVE LANE
83
84 City Fort Myers FL 85 Zip Code 33905

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 *Michele N. Eid*
Signature, typed or printed name of registered agent and title if applicable.

Michele N. Eid DATE *4/26/99*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME EID, MICHELE N.
STREET ADDRESS 771 ANDERSON DRIVE
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE
NAME GRANSEE, JORDEEN
STREET ADDRESS 771 ANDERSON DRIVE
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3184 RIVER GROVE LANE
1.4 CITY-ST-ZIP Fort Myers, FL 33905

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 13395 FOX CHAPEL COURT #D
2.4 CITY-ST-ZIP Fort Myers, FL 33919

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *MICHAEL J. EID* *Michele N. Eid, Director* DATE *4/26/99* 941-694-6198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)