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May 07 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V12133

(7)

1. Corporation Name

LION FINE WINES, INC.

Principal Place of Business

710 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442  
US

Mailing Address

7501 W. OAKLAND PK BLVD  
SUITE 306  
LAUDERHILL FL 33319-4880

3. Date Incorporated or Qualified 02/01/1992  
3a. Date of Last Report 09/19/1996

4. FEI Number 65-0309582  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CERAVOLO, A J  
710 S MILITARY TR  
DEERFIELD BEACH FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1. TITLE	
NAME	CERAVOLO, A J	1.1 NAME	
STREET ADDRESS	710 S MILITARY TR	1.1.1 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD FL	1.1.1.1 CITY - ST - ZIP	
TITLE	D	2. TITLE	
NAME	O'NEIL, A. J.	2.1 NAME	
STREET ADDRESS	483-15 CONCORD DOWNS LANE	2.1.1 STREET ADDRESS	
CITY - ST - ZIP	AURORA OH	2.1.1.1 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.1.1 NAME	
STREET ADDRESS		3.1.1.1 STREET ADDRESS	
CITY - ST - ZIP		3.1.1.1.1 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.1.1 NAME	
STREET ADDRESS		4.1.1.1 STREET ADDRESS	
CITY - ST - ZIP		4.1.1.1.1 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.1.1 NAME	
STREET ADDRESS		5.1.1.1 STREET ADDRESS	
CITY - ST - ZIP		5.1.1.1.1 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.1.1 NAME	
STREET ADDRESS		6.1.1.1 STREET ADDRESS	
CITY - ST - ZIP		6.1.1.1.1 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

*Sandra B. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97  
Date

(954) 427-8301  
Daytime Phone #

CR2E034 (9/96)