

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P26152** (9)

1. Corporation Name  
**PACIFIC SOUTHERN WINE COMPANY**



Principal Place of Business: **155 BELMONT TRACE ATLANTA GA 30326**  
Mailing Address: **155 BELMONT TRACE ATLANTA GA 30328**

3. Date Incorporated or Qualified: **09/25/1989**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **58-1848928**  
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  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

g. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when changing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LARKIN, ROBERT N.</b>	
STREET ADDRESS	<b>155 BELMONT TRACE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LARKIN, ROBERT N., JR.</b>	
STREET ADDRESS	<b>1970 NE 3RD ST</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LARKIN, MARY LOU E.</b>	
STREET ADDRESS	<b>155 BELMONT TRACE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LARKIN, KATHY</b>	
STREET ADDRESS	<b>1836 COLLAND AVE.</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>V, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LARKIN, JOHN T.</b>	
1.3 STREET ADDRESS	<b>746 STARLIGHT DR</b>	
1.4 CITY-ST-ZIP	<b>ATLANTA, GA, 30342</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROBERT N. LARKIN, JR.</b>	
2.3 STREET ADDRESS	<b>1460 S.E. 14TH COURT</b>	
2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL, 33441</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BREMER, KATHY L.</b>	
4.3 STREET ADDRESS	<b>450 OLD CREEK ROAD</b>	
4.4 CITY-ST-ZIP	<b>ATLANTA, GA, 30342</b>	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert N. Larkin **ROBERT N. LARKIN** 1-12-96 404-256-5847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)