

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P33696 (6)**  
1. Corporation Name  
**CRIBARI VINEYARDS, INC.**



Principal Place of Business Mailing Address  
**4180 W. ALAMOS AVENUE #108 FRESNO CA 93722** **4180 W. ALAMOS AVENUE #108 FRESNO CA 93722-3943**

3. Date Incorporated or Qualified **04/02/1991** 3a. Date of Last Report **01/30/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **94-1623764** Applied For Not Applicable

21. Suite, Apt #, etc. 27. Suite, Apt #, etc.

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

22. City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip Country 29. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATRA CHURCH GOODS CO.  
15744 N DALE MABRY HWY  
TAMPA FL 33618**

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  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **DV**  
NAME **CRIBARI, JOHN F.**  
STREET ADDRESS **6430 N. FELAND**  
CITY - ST - ZIP **FRESNO CA**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**D - DIRECTOR  
P - PRESIDENT  
T - TREASURER**

TITLE **S**  
NAME **CRIBARI, PHYLLIS W.**  
STREET ADDRESS **415 E. INDIANAPOLIS**  
CITY - ST - ZIP **FRESNO CA**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**S - Secretary  
V - VICE PRESIDENT**

TITLE **AS**  
NAME **MCCANN, LAURE M.**  
STREET ADDRESS **743 W. FLORADORA AVE**  
CITY - ST - ZIP **FRESNO CA**

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

6.1 TITLE  Change  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 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: *Laure M. McCann* **LAURE M. MCCANN** 1-17-97 (201) 271-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)