

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:21

DOCUMENT # **P25910** (1)

1. Corporation Name
M. E. V. CORPORATION

Principal Place of Business Mailing Address
22020 MT. EDEN RD., SARATOGA CA 95070 **22020 MT. EDEN RD., SARATOGA CA 95070**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1989	3a. Date of Last Report 04/26/1994
21		26		4. FEI Number 94-2239356	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SERRANO, ROBERTO 7310 N.W. 79TH TERRACE MEDLEY FL 33166				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON F. JEFFREY	1.2 NAME	
STREET ADDRESS	22020 MT EDEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, DOUG	2.2 NAME	
STREET ADDRESS	6001 POWER INN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, ELEANOR DAVIS	3.2 NAME	
STREET ADDRESS	22020 MT. EDEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, F. JEFFREY	4.2 NAME	
STREET ADDRESS	22020 MT. EDEN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEN, D. NEIL	5.2 NAME	
STREET ADDRESS	6001 POWER INN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DR. ERNEST	6.2 NAME	
STREET ADDRESS	450 HOPKINS	6.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	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 110.07(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 resolver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Ernest Johnson* *Eleanor D Patterson* *1/18/95* *867-5832*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #