

**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 # **P25910** (1)

1. Corporation Name  
**M. E. V. CORPORATION**



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

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/05/1989</b>  | 3a. Date of Last Report<br><b>01/26/1995</b> |
| 4. FEI Number<br><b>94-2239356</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 State, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**SERRANO, ROBERTO  
7310 N.W. 79TH TERRACE  
MEDLEY FL 33166**

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   |

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 reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>P PATTERSON F. JEFFREY</b>     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>22020 MT EDEN</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARATOGA CA</b>                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D SUTHERLAND, DOUG</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>6001 POWER INN RD</b>          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SACRAMENTO CA</b>              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>S PATTERSON, ELEANOR DAVIS</b> | 3.2 NAME  |   |
| STREET ADDRESS             | <b>22020 MT. EDEN RD.</b>         | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARATOGA CA</b>                | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VD PATTERSON, F. JEFFREY</b>   | 4.2 NAME  |   |
| STREET ADDRESS             | <b>22020 MT. EDEN RD.</b>         | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARATOGA CA</b>                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DC HAGEN, D. NEIL</b>          | 5.2 NAME  |   |
| STREET ADDRESS             | <b>6001 POWER INN RD.</b>         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SACRAMENTO CA</b>              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D JOHNSON, DR. ERNEST</b>      | 6.2 NAME  |   |
| STREET ADDRESS             | <b>450 HOPKINS</b>                | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SACRAMENTO CA</b>              | 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: *Sandra B. Mortham* 1/17/96 (408) 867-5832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)