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FILED

**Feb 28 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 # 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 95070-9729**

3. Date Incorporated or Qualified
09/05/1989

3a. Date of Last Report
01/30/1996

4. FEI Number
94-2239356

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

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 33186**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
NAME **PATTERSON F. JEFFREY**
STREET ADDRESS **22020 MT EDEN**
CITY - ST - ZIP **SARATOGA CA**

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

TITLE **D** DELETE
NAME **SUTHERLAND, DOUG**
STREET ADDRESS **6001 POWER INN RD**
CITY - ST - ZIP **SACRAMENTO CA**

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

TITLE **S** DELETE
NAME **PATTERSON, ELEANOR DAVIS**
STREET ADDRESS **22020 MT. EDEN RD.**
CITY - ST - ZIP **SARATOGA CA**

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

TITLE **VD** DELETE
NAME **PATTERSON, F. JEFFREY**
STREET ADDRESS **22020 MT. EDEN RD.**
CITY - ST - ZIP **SARATOGA CA**

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

TITLE **DC** DELETE
NAME **HAGEN, D. NEIL**
STREET ADDRESS **6001 POWER INN RD.**
CITY - ST - ZIP **SACRAMENTO CA**

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

TITLE **D** DELETE
NAME **JOHNSON, DR. ERNEST**
STREET ADDRESS **450 HOPKINS**
CITY - ST - ZIP **SACRAMENTO CA**

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:

Eleanor Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (408) 867-5832
DATE Daytime Phone

CR2E034 (9/96)