

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/05/1989	
4. FEI Number 94-2239356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Lyon, Rolf**

82 Street Address (P.O. Box Number is Not Acceptable)
12805 FOSS GROVE PATH

83

84 City **Englis** FL 85 Zip Code **34449**

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]* **Rolf Lyon MD** DATE: **3/30/98**

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PATTERSON F. JEFFREY	
STREET ADDRESS	22020 MT EDEN	
CITY-ST-ZIP	SARATOGA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, DOUG	
STREET ADDRESS	6001 POWER INN RD	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATTERSON, ELEANOR DAVIS	
STREET ADDRESS	22020 MT. EDEN RD.	
CITY-ST-ZIP	SARATOGA CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PATTERSON, F. JEFFREY	
STREET ADDRESS	22020 MT. EDEN RD.	
CITY-ST-ZIP	SARATOGA CA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HAGEN, D. NEIL	
STREET ADDRESS	6001 POWER INN RD.	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DR. ERNEST	
STREET ADDRESS	450 HOPKINS	
CITY-ST-ZIP	SACRAMENTO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input 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 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: *[Signature]* **3/5/98 408 867-5832**

CR2E034 (10/97)