


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

**FILED**  
**Jan 29, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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01-29-1999 90058 035 \*\*\*150.00

**DOCUMENT # P25910**

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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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

9. Name and Address of Current Registered Agent

**LYON, ROLF**  
**12805 FOSS GROVE PATH**  
**INGLIS FL 34449**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>94-2239356</b>
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 with all other like empowered.

SIGNATURE: *Handwritten Signature* **1/10/99** **408 867-5832**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)