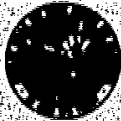


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Bandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000004720 (9)

1. Corporation Name
M.U.G., INC.

Principal Place of Business
**3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32124**

Mailing Address
**3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32124**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1993	3a. Date of Last Report 04/21/1994
4. FEI Number 59-3205967	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
7. Nonprofit with IRS 501(c)(3) Exemption Applied For <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BROWN, JONI
3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32124**

10. Name and Address of New Registered Agent

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

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 CD	NAME BROWN, JONI	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3220 VAIL VIEW DR	CITY-ST-ZIP DAYTONA BCH FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE D	NAME THOMPSON, TOMMY	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 113 SO CENTER STR	CITY-ST-ZIP HYRUM UT	2.2 NAME Bruce Hawkings	
		2.3 STREET ADDRESS 623 Eastgate Walk	
		2.4 CITY-ST-ZIP Waterloo, Ontario, Canada N2K 2W1	
TITLE D	NAME YEATRAKAS, JIM	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 106 CORAL REEF DR	CITY-ST-ZIP GOOSE CREEK SC	3.2 NAME Donnie Young	
		3.3 STREET ADDRESS 2316 Exton Shore Drive	
		3.4 CITY-ST-ZIP Columbia, SC 29204	
TITLE P	NAME JOHNSON, EDWARD	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7850 RAGLAN DR NE	CITY-ST-ZIP WARRAN OH	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE V	NAME HAWKINGS, BRUCE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 623 EASTGATE WALK	CITY-ST-ZIP WATERLOO ON	5.2 NAME Mark Gazette	
		5.3 STREET ADDRESS 28640 Manning Road	
		5.4 CITY-ST-ZIP Pueblo, CO 81006	
TITLE S	NAME ENGEL, DONNA K	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1516 ROAD 64	CITY-ST-ZIP PASCO WA	6.2 NAME	
		6.3 STREET ADDRESS	
		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)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joni Brown **Joni Brown** 04/03/95 **904/756-8644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #