

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 10/12/1993  
 3a. Date of Last Report: 04/18/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3205967	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JONI  
 3220 VAIL VIEW DRIVE  
 DAYTONA BEACH FL 32124

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JONI	1.2 NAME	
STREET ADDRESS	3220 VAIL VIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, BRUCE	2.2 NAME	
STREET ADDRESS	623 EASTGATE WALK	2.3 STREET ADDRESS	
CITY-ST-ZIP	WATERLOO ON	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, DONNIE	3.2 NAME	SANDY HOY
STREET ADDRESS	2316 EXTON SHORE DRIVE	3.3 STREET ADDRESS	121 W. OTTAWA ST.
CITY-ST-ZIP	COLUMBIA SC	3.4 CITY-ST-ZIP	OAK HARBOR, OH 43449
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EDWARD	4.2 NAME	
STREET ADDRESS	7650 RAGLAN DR NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARRAN OH	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAZETTE, MARK	5.2 NAME	
STREET ADDRESS	28640 MANNING ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUEBLO CO	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, DONNA K	6.2 NAME	
STREET ADDRESS	1516 ROAD 64	6.3 STREET ADDRESS	
CITY-ST-ZIP	PASCO WA	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 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 3/22/96 904-226-6507  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)