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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
3220 VAIL VIEW DRIVE DAYTONA BEACH FL 32124 3220 VAIL VIEW DRIVE DAYTONA BEACH FL 32124-6807

3. Date Incorporated or Qualified 10/12/1993 3a. Date of Last Report 04/01/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country 30
4. FEI Number 59-3205967 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 [X] No

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
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 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	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JONI	1.2 NAME	T
STREET ADDRESS	3220 VAIL VIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input 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	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOY, SANDY	3.2 NAME	
STREET ADDRESS	121 W OTTAWA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HARBOR OH	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EDWARD	4.2 NAME	
STREET ADDRESS	7850 RAGLAN DR NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARRAN OH	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAZETTE, MARK	5.2 NAME	DP
STREET ADDRESS	28640 MANNING ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUEBLO CO	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input 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 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 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 TONI BROWN 2/14/97 904-226-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0002841

CFR2E037 (9/96)