


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004720 (9)
 7. 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
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3. Date Incorporated or Qualified 10/12/1993	
4. FEI Number 59-3205967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T BROWN, JONI 3220 VAIL VIEW DR DAYTONA BCH FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CD HAWKINS, BRUCE 623 EASTGATE WALK WATERLOO ON	<input checked="" type="checkbox"/> DELETE	1.2 NAME	
S HOY, SANDY 121 W OTTAWA ST OAK HARBOR OH	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
V JOHNSON, EDWARD 7650 RAGLAN DR NE WARRAN OH	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
DP GAZETTE, MARK 28640 MANNING ROAD PUEBLO CO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ENGEL, DONNA K 1516 ROAD 64 PASCO WA	<input type="checkbox"/> DELETE	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input checked="" 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	

Handwritten notes in column 13:
 4.1: D, P
 5.1: CD, V

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 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 1/20/98 904-226-6507

CR2E037 (10/97)