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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300004720

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

FILED Apr 16, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	
21		26			10/12/1993	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For
27					59-3205967	Not Applicable
City & State City & State				-	5. Certificate of Status Desired	\$8.75 Additional
28					J. Certificate of Status Desired:	Fee Required
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing	\$5.00 May Be
24	25 29 30				Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered A	gent
				81 Name		
BROWN, JONI				82 Street	Address (P.O. Box Number is Not Acceptable)	
3220 VAIL VIEW DRIVE				000.7	(10100)	
	BEACH FL 32124			83		
DATION	DEADITIE 32124			7.4 O''		85 Zip Code
				84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502	2 and 617,1508. Florida Statute	es, the a	pove-named	corporation submits this statement for the purpose of c	hanging its registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was a	uthonzec	by the corpo	pration's board of directors. I hereby accept the appoint	ment as registered
agent. I a	m familiar with, and accept the obligat	lions of, Section 617.0503, FIO	noa Siau	nes.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annicable (NOTE	Registered	Agent signature n	equired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	T	☐ DELETE	1.1 TI	LE I		☐ Change ☐ Addition
NAME	BROWN, JONI		1.2 N	ME	()	,
STREET ADDRESS	3220 VAIL VIEW DR		1	REET ADDRESS	•	
				TY-ST-ZIP	;	
CITY-ST-ZIP	DAYTONA BCH FL	☐ DELETE	2.1 Ti			☐ Change ☐ Additio
TITLE	S.	□ petere	22 N		•	_ , _
NAME	HOY, SANDY				•	
STREET ADDRESS	121 W OTTAWA ST			REET ADDRESS		
CITY-ST-ZIP	0.00.000		_	TY-ST-ZIP		Change Addition
TITLE	DP DELETE 7 3.1 m					
NAME	JOHNSON, EDWARD		3.2 N			
STREET ADDRESS	7650 RAGLAN DR NE		3.3 S	REET ADDRESS	t	
CITY-ST-ZIP	WARRAN OH		3.4. C	ITY-ST-ZIP		
TITLE	CDV	☐ DELETE	4.1 TI	rle		☐ Change ☐ Additio
NAME	GAZETTE, MARK		4. 2 N	AME	\	
STREET ADDRESS	28640 MANNING ROAD		4.3 S	REET ADDRESS		
CITY-ST-ZIP	PUEBLO CO			TY-ST-ZIP		
ΠLE	D	DELETE	5.1 Τ		D VETRAISPIL	☐ Change ☐ Additio
NAME	ENGEL, DONNA K		5.2 N	ME	CHARLENE VEJDOVSKY	
STREET ADDRESS			5.3 \$	REET ADDRESS	13 BRADFORD PRIVE	1 OKLADA
CITY-ST-ZIP	PASCO WA		5.4 CI		13 BRADFOLD DRIVE SOUTH SAN FRANCISCO, CA	1 94080
TITLE		☐ DELETE	6.1 TI	TLE .		☐ Change ☐ Additio
NAME			6.2 N	ME.		
STREET ADDRESS			6.3 S	REET ADDRESS		
	1			TY-ST-ZIP	·	
CITY-ST-ZIP			0.4 (17-31-2N	tis Continue 440 07/2\/ii\ Elerido Statutos I further cost	fu that the information

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, with all other like empowered.

SIGNATURE:



4/8/99 904-226-6507