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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:21

DOCUMENT # P25910 (1)

1. Corporation Name
M. E. V. CORPORATION

Principal Place of Business	Mailing Address
22020 MT. EDEN RD., SARATOGA CA 95070	22020 MT. EDEN RD., SARATOGA CA 95070

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/05/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business 21 | 2a. Mailing Address 20
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

4. FEI Number: 94-2239356 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $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 ☐ No

9. Name and Address of Current Registered Agent

SERRANO, ROBERTO
7310 N.W. 79TH TERRACE
MEDLEY FL 33166

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON F. JEFFREY	1.2 NAME	
STREET ADDRESS	22020 MT EDEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SUTHERLAND, DOUG	2.2 NAME	
STREET ADDRESS	6001 POWER INN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, ELEANOR DAVIS	3.2 NAME	
STREET ADDRESS	22020 MT. EDEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, F. JEFFREY	4.2 NAME	
STREET ADDRESS	22020 MT. EDEN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	☐ Change ☐ Addition
NAME	HAGEN, D. NEIL	5.2 NAME	
STREET ADDRESS	6001 POWER INN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DR. ERNEST	6.2 NAME	
STREET ADDRESS	450 HOPKINS	6.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(408)

SIGNATURE: Eleanor D Patterson Eleanor D Patterson 1/18/95 867-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402016 FP