

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V25385 (8)
1. Corporation Name
MUG CITY, INC.



Principal Place of Business 21870 NORTH RIVER ROAD ALVA FL 33920	Mailing Address 21870 NORTH RIVER ROAD ALVA FL 33920
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4135 Dr. Martin Luther Suite, Apt. #, etc. King Jr. Blvd. 22 City & State 23 Ft. Myers, FL 24 Zip 33916 25 Country USA		2a. Mailing Address 26 16051 Dublin Cir. Suite, Apt. #, etc. A203 27 City & State 28 Ft. Myers, Florida 29 Zip 33908 30 Country USA		3. Date Incorporated or Qualified 03/30/1992	4. FEI Number 65-0362345	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				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		

9. Name and Address of Current Registered Agent

ROMINE, DONNA D.
21870 NORTH RIVER ROAD
ALVA FL 33920

10. Name and Address of New Registered Agent

81 Name	Romine, Donna D.
82 Street Address (P.O. Box Number is Not Acceptable)	15477 Omai Ct.
83	
84 City	Ft Myers
85 Zip Code	FL 33908

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 Vicki L. Romine Vice President 1-20-98
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMINE, DONNA D.	1.2 NAME	
STREET ADDRESS	21870 NORTH RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMINE, EDWARD R.	2.2 NAME	
STREET ADDRESS	21870 NORTH RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMINE, VICKI	3.2 NAME	
STREET ADDRESS	16051 DUBLIN CR. APT. 203A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Vicki L. Romine Vice President 1-20-98 011-514-1109

CR2E034 (10/97)