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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90111 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000077898**

1. Corporation Name  
**MIG MANAGEMENT SERVICES OF FLORIDA, INC.**



Principal Place of Business 250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401	Mailing Address 250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>250 AUSTRALIAN AVE.</b>	2a. Mailing Address 26 <b>250 AUSTRALIAN AVE.</b>
Suite, Apt. #, etc. 22 <b>SUITE 400</b>	Suite, Apt. #, etc. 27 <b>SUITE 400</b>
City & State 23 <b>WEST PALM BEACH, FL</b>	City & State 28 <b>WEST PALM BEACH, FL</b>
Zip 24 <b>33401</b>	Country 25 <b>USA</b>
Zip 29 <b>33401</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>10/24/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0528753</b>	
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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PATRIE, SHARON**  
**250 S. AUSTRALIAN AVE.**  
**STE 400**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name **JANE M. STEINER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**250 AUSTRALIAN AVE., STE 400**

83

84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

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 BY: *Jane M. Steiner* **JANE M. STEINER, Registered Agent 4/20/99**

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WRIGHT, LARRY E</b> <b>250 AUSTRALIAN AVE. S., SUITE 301</b> <b>WEST PALM BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COTE, JAMES A</b> <b>1990 N. CALIFORNIA BLVD., SUITE 640</b> <b>WALNUT CREEK CA 94596</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST</b> <b>GUTIN, KATHLEEN L</b> <b>250 S. AUSTRALIAN AVE. STE 400</b> <b>WEST PALM BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>STONE, CHARLES J.</b> <b>250 AUSTRALIAN AVE., STE 400</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>COTE, JAMES A</b> <b>2175 N CALIFORNIA BLVD., STE 800</b> <b>WALNUT CREEK, CA 94596</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Larry E Wright, Pres.* **LARRY E. WRIGHT, Pres., 4/19/99 (561) 820-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #