

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S80584 (3)

1. Corporation Name
MIG/BAY SAN MARCOS, INC.

Principal Place of Business Mailing Address
**ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/17/1991 **05/01/1994**

4. FEI Number Applied For
65-0293493 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

8. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GOLDBERGER, JANE S
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVE S., SUITE 400
PLANTATION FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVT**
NAME **WAYMAN, EDWIN B.**
STREET ADDRESS **250 AUSTRALIAN AVENUE S., SUITE 400**
CITY ST ZIP **W. PALM BEACH FL**

TITLE **DPS**
NAME **WRIGHT, LARRY E.**
STREET ADDRESS **250 AUSTRALIAN AVE S., SUITE 400**
CITY ST ZIP **W. PALM BEACH FL**

TITLE **AS**
NAME **GOLDBERGER, JANE S**
STREET ADDRESS **250 AUSTRALIAN AVE S., STE. 400**
CITY ST ZIP **WEST PALM BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), Florida Statutes. I further certify that the information included 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:

Jane S. Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANE S. GOLDBERGER, ASST. SEC.

4/26/95 (467) 820-1100
(Typed Date)