

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F92000000750 (1)**  
 1. Corporation Name  
**MIG DELRAY CORP.**



|  |  |
|--|--|
| Principal Place of Business<br><b>ONE CLEARLAKE CENTER<br/>                 250 AUSTRALIAN AVE., SUITE 400<br/>                 WEST PALM BEACH FL 33401</b> | Mailing Address<br><b>ONE CLEARLAKE CENTER<br/>                 250 AUSTRALIAN AVE., SUITE 400<br/>                 WEST PALM BEACH FL 33401</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                 |                     |            |  |  |
|---|-----------------|---------------------|------------|--|--|
| 2. Principal Place of Business  |                 | 2a. Mailing Address |            | 3. Date Incorporated or Qualified<br><b>12/16/1992</b> |  |
| 21 Suite, Apt. #, etc.  | 22 City & State | 23 Zip              | 24 Country | 26 Suite, Apt. #, etc.                                 | 27 City & State  |
| 25 Zip  | 25 Country      | 29 Zip              | 30 Country | 4. FEI Number<br><b>65-0199416</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |
| g. Name and Address of Current Registered Agent   |                 |                     |            | 10. Name and Address of New Registered Agent           |  |
| <b>PATRIE, SHARON<br/>                 250 AUSTRALIAN AVE S<br/>                 SUITE 400<br/>                 WEST PALM BEACH FL 33401</b>  |                 |                     |            | b1 Name  |  |
|   |                 |                     |            | b2 Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |                 |                     |            | b3   |  |
|   |                 |                     |            | b4 City  |  |
|   |                 |                     |            | b5 Zip Code<br><b>FL</b>                               |  |
| 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                      | <b>DPS</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WRIGHT, LARRY E</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>250 AUSTRALIAN AVE., SUITE 400</b>      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VOGT, LOUIS E</b>                       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>250 AUSTRALIAN AVE., SUITE 400</b>      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>TAS</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GUTIN, KATHLEEN L</b>                   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>250 AUSTRALIAN AVE S #400</b>           | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>W PALM BEACH FL</b>                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 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                      | <input type="checkbox"/> DELETE            | 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                      | <input type="checkbox"/> DELETE            | 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 \_\_\_\_\_ **KATHLEEN L. GUTIN TREAS.**  
 \_\_\_\_\_ **ASSIS SEC** **4/24/98** **561-820-1300**

CP2E034 (10/97)