

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # J61278 (4)
 1. Corporation Name
MIG SERVICES, INC.



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

Mailing Address
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH FL 33401-5012

3. Date Incorporated or Qualified **03/11/1987** 3a. Date of Last Report **03/12/1986**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0106211	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent GUTIN, KATHLEEN L. ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE. S., SUITE 400 W PALM BCH. FL 33401	10. Name and Address of New Registered Agent 81 Name Sharon V. Patric 82 Street Address (P.O. Box Number is Not Acceptable) 250 Australian Ave. S. 83 Suite 400 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: *Sharon V. Patric* *Sharon V. Patric* DATE: **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD WAYMAN, EDWIN B. 250 AUSTRALIAN AVE. S., #400 WEST PALM BEACH FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Charles J. Stone
STREET ADDRESS		1.3 STREET ADDRESS	250 Australian Ave S #400
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	VSD WRIGHT, LARRY E. 250 AUSTRALIAN AVE. S., #400 WEST PALM BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V GUTIN, KATHLEEN 250 AUSTRALIAN AVE. S., #400 W PALM BCH. FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V WHATLEY, CAROLYN L. 250 AUSTRALIAN AVE. S., #400 W PALM BCH. FL	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 do 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 unchanged, or on an attachment with an address.

SIGNATURE: *Kathleen L. Gutin* **4/23/97** **561-820-1300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)