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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 03/12/1996 |
| 4. FEI Number 65-0106211 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

4/22/97

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 | TPD | <input checked="" type="checkbox"/> DELETE |
| NAME | WAYMAN, EDWIN B. | |
| STREET ADDRESS | 250 AUSTRALIAN AVE. S., #400 | |
| CITY - ST - ZIP | WEST PALM BEACH FL | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | WRIGHT, LARRY E. | |
| STREET ADDRESS | 250 AUSTRALIAN AVE. S., #400 | |
| CITY - ST - ZIP | WEST PALM BEACH FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GUTIN, KATHLEEN | |
| STREET ADDRESS | 250 AUSTRALIAN AVE. S., #400 | |
| CITY - ST - ZIP | W PALM BCH. FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | WHATLEY, CAROLYN L. | |
| STREET ADDRESS | 250 AUSTRALIAN AVE. S., #400 | |
| CITY - ST - ZIP | W PALM BCH. FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Charles J. Stone |
| 1.3 STREET ADDRESS | 250 Australian Ave S #400 |
| 1.4 CITY - ST - ZIP | West Palm Beach, FL 33401 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 #

0294797

CR2E034 (9/96)