

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-23-1999 90085 048 \*\*\*150.00

DOCUMENT # J61278

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1987

4. FEI Number  
65-0106211

Applied For  
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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PATRIE, SHARON V  
250 ASUTRALIAN AVE S  
SUITE 400  
W PALM BCH 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)

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME STONE, CHARLES J  
STREET ADDRESS 250 AUSTRALIAN AVE. S., #400  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VSD ☐ DELETE  
NAME WRIGHT, LARRY E.  
STREET ADDRESS 250 AUSTRALIAN AVE. S., #400  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V ☐ DELETE  
NAME GUTIN, KATHLEEN  
STREET ADDRESS 250 AUSTRALIAN AVE. S., #400  
CITY-ST-ZIP W PALM BCH. FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P S ☒ Change ☐ Addition  
1.2 NAME WRIGHT, LARRY E.  
1.3 STREET ADDRESS 250 AUSTRALIAN AVE., STE. 400  
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME GUTIN, KATHLEEN L.  
2.3 STREET ADDRESS 250 AUSTRALIAN AVE. STE 400  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 for on an attachment with an address, with all other like empowered.

SIGNATURE: BY: JANE M. STEINER, PRES. 4/12/99 (561) 820-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #