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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

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

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

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 **JANE M. STEINER, REGISTERED AGENT** DATE **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	<input type="checkbox"/> DELETE
NAME	STONE, CHARLES J	
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		<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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<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 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: **JANE M. STEINER, Pres.** DATE: **4/12/99** (561) 820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)