

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF REVENUE  
Brandon B. Jefferson  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
FILED**

95 MAY -1 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M96524 (7)**

1. Corporation Name  
**MIG/BOYNTON COMMERCE CENTER, INC.**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified <b>08/30/1988</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0138107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**GOLDBERGER, JANE S.  
ONE CLEARWATER CENTRE  
250 AUSTRALIAN AVE. S., SUITE 400  
TALLAHASSEE FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 remaining)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>WAYMAN, EDWIN B.</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVE. S., #400</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>PTD</b>
NAME	<b>WRIGHT, LARRY E.</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVE S., #400</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>AS</b>
NAME	<b>GOLDBERGER, JANE S</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVE S., STE. 400</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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: *Jane S. Goldberg*  
**JANE S. GOLDBERGER, ASSISTANT SECRETARY**  
2/10/95 (407) 820-1300