

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 # M96524 (7)

1. Corporation Name  
MIG/BOYNTON COMMERCE CENTER, 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: 08/30/1988  
3a. Date of Last Report: 03/12/1996  
4. FEI Number: 65-0138107  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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: Sharon Patric  
82 Street Address: 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 Y. Patric (typed) / Sharon Patric (signature) / 4/22/97 (date)

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: WAYMAN, EDWIN B.	STREET ADDRESS: 250 AUSTRALIAN AVE. S., #400	CITY-ST-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE: PTD	NAME: WRIGHT, LARRY E.	STREET ADDRESS: 250 AUSTRALIAN AVE S., #400	CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE: AS	NAME: GOLDBERGER, JANE S	STREET ADDRESS: 250 AUSTRALIAN AVE S., STE. 400	CITY-ST-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE: [ ]	NAME: [ ]	STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	<input type="checkbox"/> DELETE
TITLE: [ ]	NAME: [ ]	STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [ ]	1.2 NAME: [ ]	1.3 STREET ADDRESS: [ ]	1.4 CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: DPIS	2.2 NAME: Larry E. Wright	2.3 STREET ADDRESS: 250 Australian Ave S #400	2.4 CITY-ST-ZIP: West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: TIAS	3.2 NAME: Kathleen L. Gutin	3.3 STREET ADDRESS: 250 Australian Ave. S #400	3.4 CITY-ST-ZIP: West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: VP	4.2 NAME: Louis E. Vogt	4.3 STREET ADDRESS: 250 Australian Ave S #400	4.4 CITY-ST-ZIP: West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: [ ]	5.2 NAME: [ ]	5.3 STREET ADDRESS: [ ]	5.4 CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: [ ]	6.2 NAME: [ ]	6.3 STREET ADDRESS: [ ]	6.4 CITY-ST-ZIP: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: Kathleen L. Gutin / 4/23/97 / 561-820-1300

CR2E034 (9/96)