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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 # 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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0138107	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 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 (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 Y. Patric Sharon 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 D	WAYMAN, EDWIN B.	<input checked="" type="checkbox"/> DELETE
NAME	250 AUSTRALIAN AVE. S., #400	
STREET ADDRESS	WEST PALM BEACH FL	
CITY-ST-ZIP		
TITLE PTD	WRIGHT, LARRY E.	<input type="checkbox"/> DELETE
NAME	250 AUSTRALIAN AVE S., #400	
STREET ADDRESS	WEST PALM BEACH FL	
CITY-ST-ZIP		
TITLE AS	GOLDBERGER, JANE S	<input checked="" type="checkbox"/> DELETE
NAME	250 AUSTRALIAN AVE S., STE. 400	
STREET ADDRESS	WEST PALM BEACH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 if changed, 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 #

CR2E034 (9/96)