

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 90111 019 ***150.00

DOCUMENT # P94000003382

1. Corporation Name

MIG FINANCIAL CORPORATION

Principal Place of Business

250 AUSTRALIAN AVENUE
STE. 400
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVENUE
STE. 400
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1994

4. FEI Number

94-3194153

Applied For

Not Applicable

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

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
250 S. AUSTRALIAN AVE.
STE 400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

JANE M. STEINER

82 Street Address (R.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
Signature, typed or printed name of registered agent and title if applicable.

JANE M. STEINER, REGISTERED AGENT 4/20/99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCS ☐ DELETE

NAME WRIGHT, LARRY E
STREET ADDRESS 250 AUSTRALIAN AVENUE, STE 400
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DV ☐ DELETE

NAME COTE, JAMES A
STREET ADDRESS 1990 N. CALIFORNIA BOULEVARD
CITY-ST-ZIP WALNUT CREEK CA

TITLE DAS ☐ DELETE

NAME GUTIN, KATHLEEN L.
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400
CITY-ST-ZIP WEST PALM BEACH 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 CEO 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 D V ☒ Change ☐ Addition

2.2 NAME COTE, JAMES A.
2.3 STREET ADDRESS 2175 N CALIFORNIA BLVD, STE 800
2.4 CITY-ST-ZIP WALNUT CREEK, CA 94596

3.1 TITLE D V T Asst. Sec ☒ Change ☐ Addition

3.2 NAME GUTIN, KATHLEEN L.
3.3 STREET ADDRESS 250 AUSTRALIAN AVE, STE 400
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

4.1 TITLE D.V. ☐ Change ☒ Addition

4.2 NAME VOGT, LOUIS E.
4.3 STREET ADDRESS 5025 SWEETLAND COURT
4.4 CITY-ST-ZIP RICHMOND HEIGHTS, OH 44143

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, on an attachment with an address, with all other like empowered.

SIGNATURE: BY: LARRY E. WRIGHT, Pres, 4/12/99 (Soc) 820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #