

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P94000077865 (1)

1. Corporation Name

MIG MANAGEMENT SERVICES OF ARIZONA, INC.

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

250 AUSTRALIAN AVE. S., SUITE 301
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVE. S., SUITE 301
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report

4. FEI Number

65-0528744

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

JANE S. GOLDBERGER

82 Street Address (P.O. Box Number is Not Acceptable)

250 AUSTRALIAN AVE. S., 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

[Signature]

(NOTE: Registered Agent signature required when registering)

4/26/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

WAYMAN, EDWIN B

250 AUSTRALIAN AVE. S., SUITE 400

WEST PALM BEACH FL 33401

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

WRIGHT, LARRY E

250 AUSTRALIAN AVE. S., SUITE 400

WEST PALM BEACH FL 33401

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

COTE, JAMES A

1990 N. CALIFORNIA BLVD., SUITE 640

WALNUT CREEK CA 94596

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

P
LOUIS E. VOGT

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

S/T

KATHLEEN L. MARTIN

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

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)(k), Florida Statutes. I further certify that the information included 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, in full, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY E. WRIGHT

DIRECTOR

4/26/95 (407) 820-1300