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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000077865 (1)

1. Corporation Name

MIG MANAGEMENT SERVICES OF ARIZONA, INC.



Principal Place of Business

Mailing Address

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

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

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

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V
NAME THROWER, STEVEN C
STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 400
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

D
NAME WRIGHT, LARRY E
STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 400
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

D
NAME COTE, JAMES A
STREET ADDRESS 1990 N. CALIFORNIA BLVD., SUITE 640
CITY-ST-ZIP WALNUT CREEK CA 94596

TITLE ☐ DELETE

P
NAME VOGT, LOUIS E.
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

VST
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 or 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 in an attachment with an address.

SIGNATURE

KATHLEEN L. GUTIN
VP / TREAS / SGT

4/24/98 5/18/2013/07

CR2E034 (10/97)