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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90111 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077865

1. Corporation Name
MIG MANAGEMENT SERVICES OF ARIZONA, INC.



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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 250 AUSTRALIAN AVE. Suite, Apt. #, etc. 22 SUITE 400 City & State 23 WEST PALM BEACH, FL Zip 24 33401 Country 25 USA		2a. Mailing Address 26 250 AUSTRALIAN AVE. Suite, Apt. #, etc. 27 SUITE 400 City & State 28 WEST PALM BEACH, FL Zip 29 33401 Country 30 USA		3. Date Incorporated or Qualified 10/24/1994	
		4. FEI Number 65-0528744		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 JANE M. STEINER 82 Street Address (P.O. Box Number is Not Acceptable) 83 250 AUSTRALIAN AVE. STE 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 BY: Jane M. Steiner JANE M. STEINER, Registered Agent 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THROWER, STEVEN C 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D V WRIGHT, LARRY E. 250 AUSTRALIAN AVE., STE 400 WEST PALM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, LARRY E 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D COTE, JAMES A. 2175 N CALIFORNIA BLVD., STE 800 WALNUT CREEK, CA 94596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE, JAMES A 1990 N. CALIFORNIA BLVD., SUITE 640 WALNUT CREEK CA 94596 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOGT, LOUIS E. 250 S. AUSTRALIAN AVE. STE 400 WEST PALM BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GUTIN, KATHLEEN L. 250 S. AUSTRALIAN AVE. STE 400 WEST PALM BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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 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, VICE PRES. 4/19/99 (Sgt) 820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #