

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # P94000077872 (7)

1. Corporation Name

MIG MANAGEMENT SERVICES OF WASHINGTON, 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0528739

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME WAYMAN, EDWIN B  
STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 400  
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

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

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE P ☐ DELETE

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

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ST ☐ DELETE

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/96 (407) 820-1300

CR2E034 (12/95)