

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 001 ***150.00

DOCUMENT # P94000077875

1. Corporation Name

MIG MANAGEMENT SERVICES OF TEXAS, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

65-0530859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

250 AUSTRALIAN AVE.

Suite, Apt. #, etc.
SUITE 400

City & State
WEST PALM BEACH, FL

Zip
33401

2a. Mailing Address

250 AUSTRALIAN AVE.

Suite, Apt. #, etc.
SUITE 400

City & State
WEST PALM BEACH, FL

Zip
33401

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)
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, Registered Agent 4/20/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	POWERS, DANIEL L	250 AUSTRALIAN AVE S 400	WEST PALM BEACH FL
D	WRIGHT, LARRY E	250 AUSTRALIAN AVENUE, SUITE 400	WEST PALM BEACH FL 33401
D	COTE, JAMES A	1990 N. CALIFORNIA BOULEVARD, SUITE 640	WALNUT CREEK CA 94596
P	VOGT, LOUIS E	250 S. AUSTRALIAN AVE. STE 400	WEST PALM BEACH FL
VTS	GUTIN, KATHLEEN L	250 S. AUSTRALIAN AVE. STE. 400	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 BEACH, FL 33401
D	COTE, JAMES A.	2175 N CALIFORNIA BLVD. STE 800	WALNUT CREEK, CA 94596

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

SIGNATURE: BY: LARRY E. WRIGHT, Vice Pres., 4/9/99 (561) 820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)