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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000077885 (9)

1. Corporation Name

MIG MANAGEMENT SERVICES OF MICHIGAN, 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 33401-5012

3. Date Incorporated or Qualified  
10/24/1994

3a. Date of Last Report  
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0530851

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

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

10. Name and Address of New Registered Agent

81 Name Sharon Patric  
82 Street Address (P.O. Box Number is Not Acceptable)  
250 Australian Ave. S  
83 Suite 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 Sharon V. Patric

Sharon Patric

4/22/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAYMAN, EDWIN B	
STREET ADDRESS	250 AUSTRALIAN AVENUE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, LARRY E	
STREET ADDRESS	250 AUSTRALIAN AVENUE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTE, JAMES A	
STREET ADDRESS	1990 N. CALIFORNIA BOULEVARD, SUITE 640	
CITY-ST-ZIP	WALNUT CREEK CA 94596	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOGT, LOUIS E.	
STREET ADDRESS	250 S. AUSTRALIAN AVE. STE 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	GUTIN, KATHLEEN L.	
STREET ADDRESS	250 S. AUSTRALIAN AVE. STE 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Daniel L. Powers	
1.3 STREET ADDRESS	250 Australian Ave S #400	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Kathleen L. Gutin

4/23/97

561-820-1300

CR2E034 (9/96)