

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 012 ***150.00

DOCUMENT # P94000077885

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 250 AUSTRALIAN AVE.

2a. Mailing Address

26 250 AUSTRALIAN AVE.

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

27 SUITE 400

City & State

23 WEST PALM BEACH, FL

City & State

28 WEST PALM BEACH, FL

Zip

24 33401

Country

25 USA

Zip

29 33401

Country

30 USA

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 V ☐ DELETE

NAME POWERS, DANIEL L
STREET ADDRESS 250 AUSTRALIAN AVENUE, SUITE 400
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE P ☐ DELETE

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

TITLE VTS ☐ DELETE

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 D/V ☒ Change ☐ Addition
1.2 NAME WRIGHT, LARRY E.
1.3 STREET ADDRESS 250 AUSTRALIAN AVE, STE 400
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME COTE, JAMES A.
2.3 STREET ADDRESS 2175 N CALIFORNIA BLVD., STE 800
2.4 CITY-ST-ZIP WALNUT CREEK, CA 94596

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 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., 4/19/99 (SA) 800-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #