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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000077888 (3)

1. Corporation Name
MIG MANAGEMENT SERVICES OF MARYLAND, 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

4. FEI Number
65-0530850

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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 Sharon Patric
82 Street Address (P.O. Box Number is Not Acceptable) 250 Australian Ave. S. #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 Sharon V. Patric Sharon Patric 4/22/97

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

1.1 TITLE VP
1.2 NAME Barry S. Altshuler
1.3 STREET ADDRESS 250 Australian Ave S #400
1.4 CITY-ST-ZIP West Palm Beach FL 33401 ☐ Change ☒ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)