

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # P94000077896 (6)

1. Corporation Name
MIG MANAGEMENT SERVICES OF CALIFORNIA, 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 33401-3012

3. Date Incorporated or Qualified
10/24/1994

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

4. FEI Number
65-0528747

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Visit Kathleen L. Gutin
5.3 STREET ADDRESS	250 Australian Ave. S #400
5.4 CITY - ST - ZIP	West Palm Beach, FL 33401
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steven C. Thrower
6.3 STREET ADDRESS	250 Australian Ave. S #400
6.4 CITY - ST - ZIP	West Palm Beach, FL 33401

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)