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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 # P94000077898 (2)

1. Corporation Name  
MIG MANAGEMENT SERVICES OF FLORIDA, 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  
65-0528753

Applied For  
Not Applicable

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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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.

83

Suite 400

84 City

Nest 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 ☒ DELETE  
NAME WAYMAN, EDWIN B  
STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 301  
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WRIGHT, LARRY E  
STREET ADDRESS 250 AUSTRALIAN AVE. S., SUITE 301  
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D/P Larry E. Wright  
2.3 STREET ADDRESS 250 Australian Ave. S #400  
2.4 CITY-ST-ZIP West Palm Beach, FL 33401

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

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

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

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

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Divist Kathleen L. Gutin  
5.3 STREET ADDRESS 250 Australian Ave. S #400  
5.4 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Barry S. Altshuler  
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)