

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90111 015 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000077898**

1. Corporation Name  
**MIG MANAGEMENT SERVICES OF FLORIDA, INC.**



Principal Place of Business <b>250 AUSTRALIAN AVE. S., SUITE 301</b> <b>WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 AUSTRALIAN AVE. S., SUITE 301</b> <b>WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>250 AUSTRALIAN AVE.</b>		2a. Mailing Address <b>250 AUSTRALIAN AVE.</b>		3. Date Incorporated or Qualified <b>10/24/1994</b>	
Suite, Apt. #, etc. <b>SUITE 400</b>		Suite, Apt. #, etc. <b>SUITE 400</b>		4. FEI Number <b>65-0528753</b>	
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33401</b>		Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>USA</b>		Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PATRIE, SHARON</b> <b>250 S. AUSTRALIAN AVE.</b> <b>STE 400</b> <b>WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent <b>JANE M. STEINER</b> <b>250 AUSTRALIAN AVE., STE 400</b> <b>WEST PALM BEACH FL 33401</b>	
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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 **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, LARRY E 250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V STONE, CHARLES J. 250 AUSTRALIAN AVE., STE 400 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE, JAMES A 1990 N. CALIFORNIA BLVD., SUITE 640 WALNUT CREEK CA 94596	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D COTE, JAMES A 2175 N CALIFORNIA BLVD., STE 800 WALNUT CREEK, CA 94596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GUTIN, KATHLEEN L 250 S. AUSTRALIAN AVE. STE 400 WEST PALM BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: Larry E Wright **LARRY E. WRIGHT, Pres. 4/9/99 (561) 820-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #