

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

DOCUMENT # P94000077903

1. Corporation Name

MIG MANAGEMENT SERVICES OF PENNSYLVANIA, INC.

Principal Place of Business

250 AUSTRALIAN AVE. S., SUITE 400
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVE. S., SUITE 400
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

65-0530854

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 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

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

JANE M. STEINER, Registered Agent 4/30/99

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

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

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

TITLE P
NAME VOGT, LOUIS E
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VTS
NAME GUTIN, KATHLEEN L
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
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 V
2.2 NAME STONE, CHARLES J.
2.3 STREET ADDRESS 250 AUSTRALIAN AVE., STE 400
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

3.1 TITLE D
3.2 NAME COTE, JAMES A.
3.3 STREET ADDRESS 2175 N CALIFORNIA BVD., STE. 800
3.4 CITY-ST-ZIP WALNUT CREEK, CA 94596

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE

LARRY E. WRIGHT, Vice Pres, 4/9/99 (561) 820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)