CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082934 (8)

1. Corporation Name
MIG DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
250 AUSTRALIAN AVE., SOUTH SUITE 400 WEST PALM BEACH FL 33401	250 AUSTRALIAN AVE., SOUTH SUITE 400 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report: 4/27/94

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0558768 ☐ 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 has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: JAVE S. GOLDBERGER
82 Street Address (P.O. Box Number is Not Acceptable): 250 AUSTRALIAN AVE. S. 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: [signature] 4/26/95
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	11 TITLE	D/COO	☒ Change ☐ Addition
NAME	WAYMAN, EDWIN B	12 NAME		
STREET ADDRESS	250 AUSTRALIAN AVE., SOUTH	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D/CEO	☒ Change ☐ Addition
NAME	WRIGHT, LARRY E	22 NAME		
STREET ADDRESS	250 AUSTRALIAN AVE., SOUTH	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D/V	☒ Change ☐ Addition
NAME	COTE, JAMES A	32 NAME		
STREET ADDRESS	1990 NORTH CALIFORNIA BLVD., SUITE 640	33 STREET ADDRESS		
CITY-ST-ZIP	WALNUT CREEK CA 94596	34 CITY-ST-ZIP		
TITLE		41 TITLE	P	☐ Change ☒ Addition
NAME		42 NAME	JAMES C. ELWOOD	
STREET ADDRESS		43 STREET ADDRESS	250 AUSTRALIAN AVE S. STE 400	
CITY-ST-ZIP		44 CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		51 TITLE	✓	☐ Change ☒ Addition
NAME		52 NAME	LARRY KALIK	
STREET ADDRESS		53 STREET ADDRESS	250 AUSTRALIAN AVE S. STE 400	
CITY-ST-ZIP		54 CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		61 TITLE	✓	☐ Change ☒ Addition
NAME		62 NAME	LOUIS E. VOGT	
STREET ADDRESS		63 STREET ADDRESS	250 AUSTRALIAN AVE. S, STE 400	
CITY-ST-ZIP		64 CITY-ST-ZIP	WEST PALM BEACH FL 33401	

14. I do hereby certify that the information supplied with this filing is true, complete and 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: [signature] DIRECTOR 4/26/95 (407) 820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
LARRY E. WRIGHT

0243464 CP