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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 # P94000082934 (8)

1. Corporation Name
MIG DEVELOPMENT COMPANY



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

Mailing Address
250 AUSTRALIAN AVE., SOUTH
SUITE 400
WEST PALM BEACH FL 33401-5012

3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0558768	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCOO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYMAN, EDWIN B	1.2 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE., SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, LARRY E	2.2 NAME	Kathleen L. Gutin
STREET ADDRESS	250 AUSTRALIAN AVE., SOUTH	2.3 STREET ADDRESS	250 Australian Ave S #400
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE, JAMES A	3.2 NAME	
STREET ADDRESS	1990 NORTH CALIFORNIA BLVD., SUITE 640	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT CREEK CA	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELWOOD, JAMES C.	4.2 NAME	
STREET ADDRESS	250 S. AUSTRALIAN AVE. STE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIK, LANNY	5.2 NAME	
STREET ADDRESS	250 S. AUSTRALIAN AVE. STE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGT, LOUIS E.	6.2 NAME	
STREET ADDRESS	250 S. AUSTRALIAN AVE. STE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

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)