

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0558768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC00 ☐ DELETE

NAME WAYMAN, EDWIN B  
STREET ADDRESS 250 AUSTRALIAN AVE., SOUTH  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DCEO ☐ DELETE

NAME WRIGHT, LARRY E  
STREET ADDRESS 250 AUSTRALIAN AVE., SOUTH  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DV ☐ DELETE

NAME COTE, JAMES A  
STREET ADDRESS 1990 NORTH CALIFORNIA BLVD., SUITE 640  
CITY-ST-ZIP WALNUT CREEK CA

TITLE P ☐ DELETE

NAME ELWOOD, JAMES C.  
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V ☐ DELETE

NAME KALIK, LANNY  
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

KATHLEEN L. GUTIN  
TREAS + SEC.

4/14/98 5:41 820 1300

CR2E034 (10/97)