

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

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

04-23-1999 90111 020 \*\*\*150.00

DOCUMENT # P94000082934

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

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

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

84: 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

TITLE DCOO ☐ 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 D CEO ASST. SEC. ☒ Change ☐ Addition

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 D SR.V ☒ Change ☐ Addition

2.2 NAME COTE, JAMES A.  
2.3 STREET ADDRESS 2175 N CALIFORNIA BLVD., STE 800  
2.4 CITY-ST-ZIP WALNUT CREEK, CA 94596

3.1 TITLE D SR.V ☒ Change ☐ Addition

3.2 NAME VOGT, LOUIS E.  
3.3 STREET ADDRESS 5025 SWETLAND COURT  
3.4 CITY-ST-ZIP RICHMOND HEIGHTS OH 44143

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, with all other like empowered.

SIGNATURE: 84: J. C. ELWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. ELWOOD, Pres. 4/12/99 (561) 820-1300

Date

Daytime Phone #

CR2E034 (11/98)

0319792