

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

FILED

May 19 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000017387 (8)**

1. Corporation Name
MIG REIT/ANNEN WOODS, 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 33401-3012**



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|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/02/1995 | 3a. Date of Last Report 04/18/1996 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0564632 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 6. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|--|--|-----------------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CT-CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324 | | 81 Name Sharon V. Patric | 85 Zip Code 33401 |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 250 Australian Ave. S. | |
| | | 83 Suite 400 | |
| | | 84 City West Palm Beach FL | |

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 V. Patric DATE 4/22/97
Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAYAN, EDWIN B | 1.2 NAME | |
| STREET ADDRESS | 250 AUSTRALIAN AVE S SUITE 400 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, LARRY E | 2.2 NAME | Larry E. Wright |
| STREET ADDRESS | 250 AUSTRALIAN AVE S SUITE 400 | 2.3 STREET ADDRESS | 250 Australian Ave. S #400 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 2.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COTE, JAMES A | 3.2 NAME | Thomas C. Trimble |
| STREET ADDRESS | 1990 N CALIFORNIA BLVD SUITE 640 | 3.3 STREET ADDRESS | 250 Australian Ave. S #400 |
| CITY-ST-ZIP | WALNUT CREEK CA 94596 | 3.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Kathleen L. Gutin |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 250 Australian Ave. S #400 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 Kathleen L. Gutin DATE 4/22/97 561-820-1300
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

CR2E034 (9/96)