

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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000017392 (8)**

1. Corporation Name  
**MIG REIT/MORGAN PLACE, INC.**



Principal Place of Business <b>250 AUSTRALIAN AVENUE, SOUTH SUITE 400 WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 AUSTRALIAN AVENUE, SOUTH SUITE 400 WEST PALM BEACH FL 33401-5012</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/02/1995</b>		3a. Date of Last Report <b>04/18/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0564640</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24		29		30		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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Sharon V. Patrie</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>250 Australian Ave. S.</b>			
				83 <b>Suite 400</b>			
				84 City <b>West Palm Beach FL</b> 85 Zip Code <b>33401</b>			

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. Patrie Sharon V. Patrie 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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>WAYAN, EDWIN B</b>	1.2 NAME					
STREET ADDRESS	<b>250 AUSTRALIAN AVENUE, SOUTH, SUITE 400</b>	1.3 STREET ADDRESS					
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	1.4 CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>WRIGHT, LARRY E</b>	2.2 NAME	<b>Larry E. Wright</b>				
STREET ADDRESS	<b>250 AUSTRALIAN AVENUE, SOUTH, SUITE 400</b>	2.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>				
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>				
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	<b>COTE, JAMES A</b>	3.2 NAME	<b>Thomas C. Trimble</b>				
STREET ADDRESS	<b>1990 CALIFORNIA BLVD., SUITE 640</b>	3.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>				
CITY-ST-ZIP	<b>WALNUT CREEK CA 94596</b>	3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>				
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		4.2 NAME	<b>Barry S. Altshuler</b>				
STREET ADDRESS		4.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>				
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>				
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		5.2 NAME	<b>S/T Kathleen L. Butin</b>				
STREET ADDRESS		5.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>				
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>				
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. Butin 4/23/97 561-820-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)