

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 010 \*\*\*150.00

0319893

DOCUMENT # P95000039210

1. Corporation Name

MIG MANAGEMENT SERVICES OF MISSOURI, INC.



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

Mailing Address  
250 AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

05/17/1995

4. FEI Number

65-0600680

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

9. Name and Address of Current Registered Agent

PATRIE, SHARON  
250 AUSTRALIAN AVE. S. 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

By: 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 V POWERS, DANIEL L DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
250 AUSTRALIAN AVE STE 400  
WEST PALM BEACH FL

TITLE D WRIGHT, LARRY E DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
250 AUSTRALIAN AVE STE 400  
WEST PALM BEACH FL 33401

TITLE D COTE, JAMES A DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1990 N CALIFORNIA BLVD STE 640  
WALNUT CREEK CA 94596

TITLE P VOGT, LOUIS E DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
250 AUSTRALIAN AVE. S. STE #400  
WEST PALM BEACH FL 33401

TITLE VTS GUTIN, KATHLEEN L DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
250 AUSTRALIAN AVE. S. STE #400  
WEST PALM BEACH FL 33401

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D V Wright, LARRY E. Change Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
250 AUSTRALIAN AVE, STE 400  
WEST PALM BEACH FL 33401

2.1 TITLE D COTE, JAMES A. Change Addition

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

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, with all other like empowered.

SIGNATURE: By: [Signature]

SIGNATURE REQUIRED

Wright, Larry E. Vice Pres. 4/2/99 (901) 820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0319893