## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000039215 (5)
1. Corporation Name

MIG MANAGEMENT SERVICES OF COLORADO, INC.

WIIG WWW	WIGHTIN OF THE O				
Principal Place of Business 250 AUSTRALIAN AVE SUITE 400		Mailing Address		C TEBUTON THE MANER ATTIL ABOTA BATAL BATAL BATAL BATAL BATAL STORE STATE STAT	
		250 AUSTRALIAN AVE SUITE 400	SUITE 400		
WEST PALM BEACH FL 33401		WEST PALM BEACH FL	334()	3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0000	Not Applicable  \$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to rees
Ζφ 331	Country	Zip	Country 30	This corporation has liability for in Florida Statutes     Yes	ntangible tax under s. 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	[30]	10. Name and Address of New Re	
			81 Name	OBERT F. KEN	MALL
CT CORE	ORATION SYSTEM		82 Street Add	dress (P.O. Box Number is Not Acceptable	el c #110>
	ITH PINE ISLAND ROAD		250	AUST RALIAN A	Je.S. #400
PLANTATI	ON FL 33324	7	83		
	, ( )	1	84 City	F PALM BEACH	85 Zip Code
	Alle Proficione of Postion 607 061	2 and 607 1508 Florida Statute	s the shove-named corn	oration submits this statement for the puri	pose of changing its registered office
or registered	d agent, or both, in the State of Fig	ida. Such change was authorize	d by the corporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appo	intment as registered agent. I am
	, and accept the doligations of, Sy	Orion 607.0503, Florida Statutes.			2/5/95
SIGNATURE :	Manuel, typied or partied ying of registery Lag	ent and title if applicable (NOT	E. Registered Agent signature requ		DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
1II LF	D COMPAND	☐ DELETE	1. 1 TITLE		☐ Change ☐ Monitor
NAME	WAYMAN, EDWIN B 250 AUSTRALIAN AVE STE	400	1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	WEST PALM BEACH FL 334		1.3 STREET AUDICESS		
CHY-ST-ZP	D D	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, LARRY E	_	2 2 NAME		
STHEET ADDRESS	250 AUSTRALIAN AVE STE	400	2 3 STREET ADDRESS		
CHTY - ST - ZIP	WEST PALM BEACH FL 33-		2 4 CITY - ST - ZIP		noss. am.
TITLE	D	☐ DELETE	3 1 TITLE É accusado -	50000174 -03/13/96010	FUBER Addition 25009
NAME	COTE, JAMES A	OTF AAA	3 2 NAME 1	***208.75	LO 000
STREET ADDRESS	1990 N CALIFORNIA BLVD WALNUT CREEK CA 94596		33 STREET ADDRESS	***************************************	
C 1Y-S1-7/P	MALINUI ONEER OA 84380	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	B	Change Addition
TITLE NAME		<u> </u>		DUIS A. VOOT	
STREET ADDRESS			4.3 STREET ADDRESS		s #400
CITY-ST-ZIF			4.4 CITY - ST - ZIP	WEST PHEN BEACH	Change D Addition
TITLE		☐ DELETE	5 1 TiTLE	V/6/T	Change Addition
NAME:			5 2 NAME	sutin, Katheren	NI C MILLAN
STREET ADDRESS			5.3 STREET ADDRESS	250 AMESTALIAN A	1 2 3340
CITY S1-7P		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	UBSI FRUM DEME	Change ddd-tign
THEF			6 2 NAME		ok Oko
NAMI STREET ADORESS			63 STREET ADDRESS		XXXX
011 V C1 710			6.4 CiTY - ST - ZiP		Ury'
14. Ldo hereby				y for the exemption stated in Section 119 urate and that my signature shall have the this report as required by Chapter 607, Fi	orida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 15/96 (400) 820-1300

CR2F034 (