

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

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000039215 (5)**

1. Corporation Name

MIG MANAGEMENT SERVICES OF COLORADO, 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 33401-5012**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report
03/12/1996

4. FEI Number
65-0600691

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KENDALL, ROBERT F
250 AUSTRALIAN AVE. S. #400
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name

Sharon Patric

82. Street Address (P.O. Box Number is Not Acceptable)

**250 Australian Ave. S.
Suite 400**

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

Sharon v. Patric
Signature, typed or printed name of registered agent, and title if applicable

Sharon Patric
(NOTE: Registered Agent signature required when reinstating)

4/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D WAYMAN, EDWIN B**
STREET ADDRESS **250 AUSTRALIAN AVE STE 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME **D WRIGHT, LARRY E**
STREET ADDRESS **250 AUSTRALIAN AVE STE 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME **D COTE, JAMES A**
STREET ADDRESS **1990 N CALIFORNIA BLVD STE 640**
CITY-ST-ZIP **WALNUT CREEK CA 94506**

TITLE ☐ DELETE
NAME **P VOGT, LOUIS E**
STREET ADDRESS **250 AUSTRALIAN AVE. S #400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME **VST GUTIN, KATHLEEN L**
STREET ADDRESS **250 AUSTRALIAN AVE. S #400**
CITY-ST-ZIP **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 ☐ Change ☒ Addition
1.2 NAME **DIV Mark P. Mitchell**
1.3 STREET ADDRESS **250 Australian Ave. S #400**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V Steven C. Thrower**
2.3 STREET ADDRESS **250 Australian Ave. S #400**
2.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97
Date

561-820-1300
Daytime Phone #

0294897

CR2E034 (9/96)