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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90111 016 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000039215

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1995

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATRIE, SHARON
250 AUSTRALIAN AVE. S. #400
WEST PALM BEACH FL 33401

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME MITCHELL, MARK P
STREET ADDRESS 250 AUSTRALIAN AVE STE 400
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE DV ☒ Change ☐ Addition
1.2 NAME WRIGHT, LARRY E.
1.3 STREET ADDRESS 250 AUSTRALIAN AVE., STE 400
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME COTE, JAMES A.
2.3 STREET ADDRESS 2175 N CALIFORNIA BLVD., STE 800
2.4 CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE D ☐ DELETE
NAME COTE, JAMES A
STREET ADDRESS 1990 N CALIFORNIA BLVD STE 640
CITY-ST-ZIP WALNUT CREEK CA 94596

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VST ☐ DELETE
NAME GUTIN, KATHLEEN L
STREET ADDRESS 250 AUSTRALIAN AVE. S #400
CITY-ST-ZIP WEST PALM BEACH FL 33401

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME THROWER, STEVEN C
STREET ADDRESS 250 AUSTRALIAN AVE S #400
CITY-ST-ZIP W PALM BCH FL

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: JANE M. STEINER JANE M. STEINER, VICE PRES. 4/2/99 (561) 820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)