

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

FILED  
May 02 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 # **P95000082667 (3)**

1. Corporation Name

**MIG MANAGEMENT SERVICES OF VIRGINIA, INC.**

Principal Place of Business

**250 AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33401**

Mailing Address

**250 AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH FL 33401-5012**

3. Date Incorporated or Qualified  
**10/27/1995**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

**59-3346285**

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**

83

**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**

**Sharon Patric**

**4/22/97**

Signature of agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **VTS** ☐ DELETE  
NAME **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 **Barry S. Altshuler**  
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  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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**

**4/23/97**

**561-820-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0204057

850

CR2E034 (9/96)