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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041080 (8)

MIGO NOCHE CORPORATION

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i saanimat sin saatii miili miili matii matii matii matii	1 88111 B(681 (1811 BAIR(1911	i dett ingl
200 FIRST AVENUE NORTH. SUITE 206 200 FIRST AVENUE NORTH. SUITE 206				206			
ST. PETERS8	JURG FL 33701	ST. PETERSBURG FL	L 33701		DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified		
					05/08/1996		
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3376661	No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S Cartificate of Status Desired		
22		27			B. Certificate of States Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23 County		Zip Country		Trust Fund Contribution			
Zip 24	Country Zip		—	ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25 29 9. Name and Address of Current Registered Agent		30	10. Name and Address of			
~~	PRPORATION SERVICE COMP		6	1 Name	in		
		Will	L				
	01 HAYS STREET LLAHASSEE FL 32301-2525		8	2) Street Add	dress (P.O. Box Number is Not Acceptable	e)	
174	FEW MODEL F 0500 1-5050		8	3			
				1			
			8	4 City		FL 85 Zip C	ebox
11, Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida \$1	tatutes, the abo	ve-named cor	poration submits this statement for the pu	rpose of changing its	registered
office or r	registered agent, or both, in the St im familiar with, and accout the of	late of Florida. Such change wo bligations of Section 607,0505	vas authorized l 5. Florida Statut	by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accept	the appointment as i	registered
SIGNATURE	and the state of the state of		-,oo. o.o.o.				
SIGNATURE	Signature, typed or printed name of registered	I agent and trie if applicable.	(NDTE Registered A	gent signature requ	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE			•	Change	Addition
NAME	BERG, JEFFREY A		1.2 NAME				
STREET ADDRESS	200 FIRST AVENUE NORT	•		et address			
CITY-ST-ZIP	ST. PETERSBURG FL 3370	DELETE	1.4 CITY-	····		[] Change	Addition
TITLE		☐ DETEIF				Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP		T DELETE	2 4 CITY			Change	Addition
TITLE		☐ DEFFIE	1	1		L_1 Change	☐ WOUNDIN
NAME etect anneces			3.2 NAM8				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			Change	Addition
NAME	•		4.2 NAM			onango	,,
STREET ADDRESS				ET ADORESS			
CHTY+ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE				Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS				ET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			64 C/TY-				

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 of the receiver or trustoe 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 of the an address.