

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

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # P96000093401 (3)

1. Corporation Name

MIG MANAGEMENT SERVICES OF UTAH, 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

11/14/1996

4. FEI Number

65-0708249

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PATRIE, SHARON
250 AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

WRIGHT, LARRY E
250 AUSTRALIAN AVE S 400
W PALM BCH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

☐ DELETE

NAME

VOGT, LOUIS E
250 AUSTRALIAN AVE S 400
W PALM BCH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

VST

☐ DELETE

NAME

GUTIN, KATHLEEN L
250 AUSTRALIAN AVE S 400
W PALM BCH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

COLE, JAMES A
250 AUSTRALIAN AVE S 400
W PALM BCH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☒ DELETE

NAME

ALTSHULER, BARRY S
250 AUSTRALIAN AVE S 400
W PALM BCH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☐ DELETE

NAME

THROWER, STEVEN C
250 AUSTRALIAN AVE S 400
W PALM BCH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☐ DELETE

NAME

THROWER, STEVEN C
250 AUSTRALIAN AVE S 400
W PALM BCH FL

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 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 any attachment with an address.

SIGNATURE

KATHLEEN L. GUTIN
VP/IT/HR/SEC

4/14/98

5/18/201300

CR2E034 (10/97)