

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Maybarn
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003369 (5)

1. Corporation Name

MIG RESIDENTIAL REIT, INC.

Principal Place of Business

Mailing Address

**ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVE. S.
WEST PALM BEACH FL 33401**

**ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVE. S.
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report

4. FEI Number

65-0498732

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

JANE S. GOLDBERGER

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

250 AUSTRALIAN AVE. S. 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

[Signature]

(NOTE: Registered Agent signature required when substituting)

4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
NAME **WAYMAN, EDWIN B**
STREET ADDRESS **250 AUSTRALIAN AVE. S., STE. 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **DP**
NAME **WRIGHT, LARRY E**
STREET ADDRESS **250 AUSTRALIAN AVE. S., STE. 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D**
NAME **COTE, JAMES A**
STREET ADDRESS **250 AUSTRALIAN AVE. S., STE. 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

31 TITLE **DNP** Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D**
NAME **EDELSTEIN, ROBERT DR.**
STREET ADDRESS **250 AUSTRALIAN AVE. S., STE. 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D**
NAME **FISHER, JEFFREY D DR.**
STREET ADDRESS **250 AUSTRALIAN AVE. S., STE. 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D**
NAME **WACHTER, SUSAN M DR.**
STREET ADDRESS **250 AUSTRALIAN AVE. S., STE. 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 auditor or attestation empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY E. WRIGHT DIRECTOR

2/15/95 (407)220-1300