

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 18 1996 8:00 am  
Secretary of State

DOCUMENT # **F94000003369 (5)**

1. Corporation Name  
**MIG RESIDENTIAL REIT, INC.**



Principal Place of Business: **ONE CLEARLAKE CENTRE, 250 AUSTRALIAN AVE. S., WEST PALM BEACH FL 33401**  
Mailing Address: **ONE CLEARLAKE CENTRE, 250 AUSTRALIAN AVE. S., WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **06/27/1994**      3a. Date of Last Report: **05/01/1995**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

9. Name and Address of Current Registered Agent  
**GOLDBERGER, JANE S.  
250 S AUSTRALIAN AVE  
STE 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable)      Registered Agent Signature required when filing this form

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WAYMAN, EDWIN B	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WRIGHT, LARRY E	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	COTE, JAMES A	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDELSTEIN, ROBERT DR.	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, JEFFREY D DR.	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACHTER, SUSAN M DR.	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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 119.07(3)(k), 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: *[Signature]*      2/5/96 (407) 820-1300      Date: \_\_\_\_\_      Office Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **VP/MANAGER/SEC/CEO**      SG-41-18-96

CR2E034 (12/95)

2.2

**MIG RESIDENTIAL REIT, INC.  
OFFICERS AND DIRECTIORS  
-ADDENDUM TO BLOCK 12  
1996 FLORIDA ANNUAL REPORT**

OFFICERS AND DIRECTORS

V/T/S/CFO  
KATHLEEN L. GUTIN  
250 AUSTRALIAN AVENUE SOUTH, SUITE 400  
WEST PALM BEACH, FLORIDA 33401

V  
LOUIS E. VOGT  
250 AUSTRALIAN AVENUE SOUTH, SUITE 400  
WEST PALM BEACH, FLORIDA 33401