

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077891 (7)

1. Corporation Name

MIG MANAGEMENT SERVICES OF GEORGIA, INC.

Principal Place of Business

250 AUSTRALIAN AVE. S., SUITE 301
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVE. S., SUITE 301
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

4. FEI Number

65-0533199

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

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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]

(Signature, title or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

4/26/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WAYMAN, EDWIN B

STREET ADDRESS

250 AUSTRALIAN AVE. S., SUITE 400

CITY - ST - ZIP

WEST PALM BEACH FL 33401

TITLE

D

NAME

WRIGHT, LARRY E

STREET ADDRESS

250 AUSTRALIAN AVE. S., SUITE 400

CITY - ST - ZIP

WEST PALM BEACH FL 33401

TITLE

D

NAME

COTE, JAMES A

STREET ADDRESS

1990 N. CALIFORNIA BLVD., SUITE 640

CITY - ST - ZIP

WALNUT CREEK CA 94596

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

LOUIS E. VOGT

43 STREET ADDRESS

250 AUSTRALIAN AVE S. STE 400

44 CITY - ST - ZIP

WEST PALM BEACH, FL 33401

51 TITLE

Change Addition

52 NAME

S/T
KATHLEEN L. GLATIN

53 STREET ADDRESS

250 AUSTRALIAN AVE. S. STE 400

54 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 holder 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, or both, of this attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

LARRY E. WRIGHT

DIRECTOR

4/26/95 (407) 820-1300