


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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33401-5012
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3. Date Incorporated or Qualified 10/24/1994	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0533199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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 Sharon Patric 82 Street Address (P.O. Box Number is Not Acceptable) 250 Australian Ave. S. Suite 400 83 84 City West Palm Beach FL 85 Zip Code 33401
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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 *Sharon V Patric* Signature, typed or printed name of registered agent and title if applicable
Sharon Patric (NOTE: Registered Agent signature required when reinstating)
 DATE **4/22/97**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE WAYMAN, EDWIN B 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE WRIGHT, LARRY E 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE COTE, JAMES A 1990 N. CALIFORNIA BLVD., SUITE 640 WALNUT CREEK CA 94596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> DELETE VOGT, LOUIS E. 250 S. AUSTRALIAN AVE. STE 400 WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> DELETE GUTIN, KATHLEEN L 250 S. AUSTRALIAN AVE. STE 400 WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Barry S. Altshuler 250 Australian Ave. S #400 West Palm Beach, FL 33401
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 an attachment with an address.

SIGNATURE: *Kathleen L Gutin* Signature and typed or printed name of signing officer or director
 DATE: **4/23/97** Daytime Phone #: **561-820-1300**

CFR2034 (9/96)