

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000077898 (2)**

1. Corporation Name
MIG MANAGEMENT SERVICES OF FLORIDA, 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**

3. Date Incorporated or Qualified 10/24/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0528753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

21. Principal Place of Business State, Apt. #, etc. 22	22. Mailing Address State, Apt. #, etc. 27
23. City & State 28	23. City & State 28
24. Zip 25	24. Zip 29
25. Country 26	25. Country 30

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 607.1506, 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 reinstalling)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WAYMAN, EDWIN B	
STREET ADDRESS	250 AUSTRALIAN AVE. S., SUITE 301	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, LARRY E	
STREET ADDRESS	250 AUSTRALIAN AVE. S., SUITE 301	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTE, JAMES A	
STREET ADDRESS	1990 N. CALIFORNIA BLVD., SUITE 640	
CITY-ST-ZIP	WALNUT CREEK CA 94596	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOGT, LOUIS E.	
STREET ADDRESS	250 S. AUSTRALIAN AVE. STE 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GURIN, KATHLEEN L	
STREET ADDRESS	250 S. AUSTRALIAN AVE. STE 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	880001740868
4.3 STREET ADDRESS	-03/13/96--01025--010
4.4 CITY-ST-ZIP	***208.75
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VISIT GURIN, KATHLEEN L.
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

2/5/96 (407)820-1300
Date Daytime Phone #

CR2E034 (12/95)