

**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

**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 33401-5012**

3. Date Incorporated or Qualified **10/24/1994**      3a. Date of Last Report **03/12/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0528753**      Applied For  
 Not Applicable

21. Suite Apt. #, etc

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERGER, JANE S.**  
**250 S. AUSTRALIAN AVE.**  
**STE 400**  
**WEST PALM BEACH FL 33401**

81 Name **Sharon Patric**  
 82 Street Address (P.O. Box Number is Not Acceptable) **250 Australian Ave S.**  
**Suite 400**  
 84 City **Nest 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 *Sharon V. Patric*      *Sharon Patric*      **4/22/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Larry E. Wright</b>
2.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
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	<b>DIVIST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Kathleen L. Gutin</b>
5.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>
5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Barry S. Altshuler</b>
6.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>
6.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>

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*      **4/22/97**      **561-820-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)