

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Murray  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **P94000077903 (0)**

1. Corporation Name

**MIG MANAGEMENT SERVICES OF PENNSYLVANIA, INC.**

95 KAY - 1 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/24/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

65-0530854

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, of 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]*

4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **WAYMAN, EDWIN B**  
STREET ADDRESS **250 AUSTRALIAN AVENUE, SUITE 400**  
CITY ST ZIP **WEST PALM BEACH FL 33401**

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY ST ZIP

TITLE **D**  
NAME **WRIGHT, LARRY E**  
STREET ADDRESS **250 AUSTRALIAN AVENUE, SUITE 400**  
CITY ST ZIP **WEST PALM BEACH FL 33401**

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY ST ZIP

TITLE **D**  
NAME **COTE, JAMES A**  
STREET ADDRESS **1990 N. CALIFORNIA BOULEVARD, SUITE 640**  
CITY ST ZIP **WALNUT CREEK CA 94596**

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4 1 TITLE  Change  Addition  
4 2 NAME **P**  
**LOUIS G. VOGT**  
4 3 STREET ADDRESS **250 AUSTRALIAN AVE S. STE 400**  
4 4 CITY ST ZIP **WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5 1 TITLE  Change  Addition  
5 2 NAME **S/T**  
**KATHLEEN L. GUTIN**  
5 3 STREET ADDRESS **250 AUSTRALIAN AVE S. STE 400**  
5 4 CITY ST ZIP **WEST PALM BEACH FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6 1 TITLE  Change  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)(b), Florida Statutes. I further certify that the information and data on this annual report or supplementary 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 that I am an authorized agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or as an addressee if with an address.

SIGNATURE:

*[Signature]*  
LARRY E. WRIGHT

DIRECTOR

4/26/95 (407) 820-1300