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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000077903 (0)

1. Corporation Name
MIG MANAGEMENT SERVICES OF PENNSYLVANIA, INC.



Principal Place of Business: 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401
Mailing Address: 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401-5012

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report: 03/12/1996
4. FEI Number: 65-0530654
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; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

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
83 Suite 400
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: Sharon V. Patric (Signature) Sharon Patric (Printed Name) 4/22/97 (Date)
Signature: typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: V	1.2 NAME: Daniel L. Powers	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
1.3 STREET ADDRESS: 250 Australian Ave. S #400	1.4 CITY-ST-ZIP: West Palm Beach, FL 33401	
2.1 TITLE:	2.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:	
3.1 TITLE:	3.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	
4.1 TITLE:	4.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:	
5.1 TITLE:	5.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	
6.1 TITLE:	6.2 NAME:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	

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 4/23/97 561-820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)