

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 # P95000039206 (4)

1. Corporation Name  
MIG MANAGEMENT SERVICES OF NORTH CAROLINA, INC.



Principal Place of Business  
250 AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33401

Mailing Address  
250 AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33401-5012

3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0600694	Applied For 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent KENDALL, ROBERT F 250 AUSTRALIAN AVE. S. #400 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
81 Name	Sharon Patric			85 Zip Code	33401		
82 Street Address (P.O. Box Number is Not Acceptable)	250 Australian Ave. S.						
83	Suite 400						
84 City	West Palm Beach	FL					

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 obligation 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	D	WAYMAN, EDWIN B	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V	Barry S. Altshuler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		250 AUSTRALIAN AVE STE 400		1.2 NAME		250 Australian Ave. S #400	
STREET ADDRESS		WEST PALM BEACH FL 33401		1.3 STREET ADDRESS		West Palm Beach, FL 33401	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	WRIGHT, LARRY E	<input type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		250 AUSTRALIAN AVE STE 400		2.2 NAME			
STREET ADDRESS		WEST PALM BEACH FL 33401		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	COTE, JAMES A	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1990 N CALIFORNIA BLVD STE 640		3.2 NAME			
STREET ADDRESS		WALNUT CREEK CA 94596		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	P	VOGT, LOUIS E	<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		250 AUSTRALIAN AVE. S. #400		4.2 NAME			
STREET ADDRESS		WEST PALM BEACH FL 33401		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	VTS	GUTIN, KATHLEEN L	<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		250 AUSTRALIAN AVE. S. #400		5.2 NAME			
STREET ADDRESS		WEST PALM BEACH FL 33401		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)