

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90111 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000039206**

1. Corporation Name
MIG MANAGEMENT SERVCIES 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/17/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0600694	
24 Country		30 Country		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 owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATRIE, SHARON 250 AUSTRALIAN AVE. S. #400 WEST PALM BEACH FL 33401				81 Name JANE M. STEINER			
				82 Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVE., 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, 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: *Jane M. Steiner* **JANE M. STEINER, Registered Agent 4/20/99**
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 <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WRIGHT, LARRY E				1.2 NAME WRIGHT, LARRY E.			
STREET ADDRESS 250 AUSTRALIAN AVE STE 400				1.3 STREET ADDRESS 250 AUSTRALIAN AVE, STE 400			
CITY-ST-ZIP WEST PALM BEACH FL 33401				1.4 CITY-ST-ZIP WEST PALM BEACH FL 33401			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME COTE, JAMES A				2.2 NAME COTE, JAMES A.			
STREET ADDRESS 1990 N CALIFORNIA BLVD STE 640				2.3 STREET ADDRESS 2115 N CALIFORNIA BLVD, STE 800			
CITY-ST-ZIP WALNUT CREEK CA 94596				2.4 CITY-ST-ZIP WALNUT CREEK, CA 94596			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME VOGT, LOUIS E				3.2 NAME STONE, CHARLES J.			
STREET ADDRESS 250 AUSTRALIAN AVE. S. #400				3.3 STREET ADDRESS 250 AUSTRALIAN AVE, STE 400			
CITY-ST-ZIP WEST PALM BEACH FL 33401				3.4 CITY-ST-ZIP WEST PALM BEACH FL 33401			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GUTIN, KATHLEEN L				4.2 NAME			
STREET ADDRESS 250 AUSTRALIAN AVE. S. #400				4.3 STREET ADDRESS			
CITY-ST-ZIP WEST PALM BEACH FL 33401				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				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 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, in an attachment with an address, with all other like empowered.

SIGNATURE: *Larry E. Wright* **LARRY E. WRIGHT, Vice Pres. 4/12/99 (SO) 820-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)