

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

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**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
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DOCUMENT # F94000003369 (5)

1. Corporation Name
MIG RESIDENTIAL REIT, INC.



Principal Place of Business ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE. S. WEST PALM BEACH FL 33401	Mailing Address ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE. S. WEST PALM BEACH FL 33401-5010
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3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0498732	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 #400
83
84 City West Palm Beach
85 Zip Code FL 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 DATE **4/23/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME WAYMAN, EDWIN B	
STREET ADDRESS 250 AUSTRALIAN AVE. S., STE. 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE DP	<input type="checkbox"/> DELETE
NAME WRIGHT, LARRY E	
STREET ADDRESS 250 AUSTRALIAN AVE. S., STE. 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE DVP	<input type="checkbox"/> DELETE
NAME COTE, JAMES A	
STREET ADDRESS 250 AUSTRALIAN AVE. S., STE. 400	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME EDELSTEIN, ROBERT DR.	
STREET ADDRESS 250 AUSTRALIAN AVE. S., STE. 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE D	<input type="checkbox"/> DELETE
NAME FISHER, JEFFREY D DR.	
STREET ADDRESS 250 AUSTRALIAN AVE. S., STE. 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE VST	<input type="checkbox"/> DELETE
NAME GUTIN, KATHLEEN L	
STREET ADDRESS 250 AUSTRALIAN AVE. S., STE. 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Louis E. Vogt	
1.3 STREET ADDRESS 250 Australian Ave. S #400	
1.4 CITY-ST-ZIP West Palm Beach, FL 33401	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 DATE: **4/23/97** DAYTIME PHONE #: **561-820-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)