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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000077876 (8)

1. Corporation Name

MIG MANAGEMENT SERVICES OF OHIO, INC.



Principal Place of Business

Mailing Address

250 AUSTRALIAN AVE. S. SUITE 400  
WEST PALM BEACH FL 33401

250 AUSTRALIAN AVE. S. SUITE 400  
WEST PALM BEACH FL 33401

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERGER, JANE S.  
250 S. AUSTRALIAN AVE.  
STE 400  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

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

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

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

TITLE P  
NAME VOGT, LOUIS E.  
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400  
CITY- ST- ZIP WEST PALM BEACH FL

TITLE ST  
NAME GUTIN, KATHLEEN L.  
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400  
CITY- ST- ZIP WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

800001740888  
-03/13/96--01025--018  
\*\*\*208.75

V/T/S

3-12-96

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Date

Telephone #

2/5/96 (407) 820-1200

CR2E034 (12/95)