FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077876 (8) 1. Corporation Name MIG MANAGEMENT SERVICES OF OHIO, INC. Principal Place of Business 250 AUSTRALIAN AVE. S SUITE 261 400 WEST PALM BEACH FL 33401								
THE PERSON			- · ·		3. Date incorporated or Qualified	•	of Last Re	•
					10/24/1994 4. FEt Number	<u> </u>	5/01/199	
er i	ace of Business	2a. Mailing Address			65-0530858			Applied For Not Applicable
Soite Ant	26							Additional
22					5. Certificate of Status Desired		•	Required
City & State	;	City & State			6. Election Campaign Financing		• -	May Be
23		28	1 ~		Trust Fund Contribution			to Fees
7)p	Country	Zip	Gour	itry	B. This corporation has liability for Florida Statutes	r intangible ta es ∷∏No	x under \$	199.032
24	9 Name and Address of Current	29 Registered Agent	[30]		10. Name and Address of New	_	Agent	
		<u> </u>		81 Name				
GOLDBE	GOLDBERGER, JANE S.				Address (P.O. Box Number is Not Accept	able)		
	250 S. AUSTRALIAN AVE.							
STE 400	STE 400			83				
WEST P	WEST PALM BEACH FL 33401			84 City		FL	85 Zij	o Code
familiar wi	th, and accept the obligations of, Sections, and accept the obligations of, Sections of experience agent a OFFICERS AND	on 607,0505, Florida Statute	35.		rporation submits this statement for the poard of directors. I hereby accept the appared when revisteling? ADDITIONS/CHANGES TO C	DATE		
Dit	D	DELETE	1.17	TLF			Change	Addition
NAME	WAYMAN, EDWIN B		1.2 NA	ME				
STREET ADDRESS	250 AUSTRALIAN AVENUE, SI	UITE 400	1.3 ST	REET ADDRESS				
CITY ST ZIP	WEST PALM BEACH FL 33401		1.4 CI	Y-ST-ZIP				
1:11.5	0	☐ DELFTE	2 1 7			,	Change	☐ Addition
NAME	WRIGHT, LARRY E	LIPTE 400	2 2 N/					
STREET ADDRESS	250 AUSTRALIAN AVENUE, SI WEST PALM BEACH FL 3340			REET ADDRESS				
City - S* - 7iP Title	D WEST PALM BEAUTI PL 3340	DELETE	2.4 C)	TLE			Change	☐ Addition
NAME	COTE, JAMES A		32 N		0000017			-
STREET ADDRESS				REETADORESS	800001 7 -03/13/960	サレご のの	10	
O(FY - S1 - Z0F	WALNUT CREEK CA 94598			TY-ST-ZIP	***2 08.75			
till(F	P	DELETE	4 1 7		কক ক ይህ ପ । ਹ		Change	Addition
NAME	VOGT, LOUIS E.		4.2 N	IM E				
STREET ADDRESS	250 S. AUSTRALIAN AVE. STI	E 400	4.3 S	REE1 ADDRESS				
CIY-SI-7-P	WEST PALM BEACH FL	ED DE ETC		TY-ST-ZIP	(/) m / c		Change	☐ Addition
TITLE	ST CUTIN MATUREEN I	DELETE	5 1 T		VITIS		o onange	□ vaguan
NAME	GUTIN, KATHLEEN L.	E 400	52N					
STHEFT ADDRESS	250 S. AUSTRALIAN AVE. STI WEST PALM BEACH FL	L 700		REET ADDRESS Ty-ST-ZIP				
CITY-ST ZIP	WEST FALM BLACITY	☐ D{LETE	6 1 7				☐ Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 oats; 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.

CER OR DIRECTOR

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-St ZiP