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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000077876 (8)

MIG MANAGEMENT SERVICES OF OHIO, INC.

Principal Place of Business Mailing Address 250 AUSTRALIAN AVE. S., SUITE 400 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401-5012 WEST PALM BEACH FL 33401 Date Incorporated or Qualified 3a. Date of Last Report 10/24/1994 03/12/1996 2. Principal Place of Business 2a. Maiting Address FEI Number Applied For 65-0530858 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Country Zip Country Ζip Yes No 29 Florida Statutes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOLDBERGER, JANE S. Name 250 S. AUSTRALIAN AVE. 82 Street Addre **STE 400 B**3 WEST PALM BEACH FL 33401 Zip Code 3340 City Beach Im 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ) S Sharor SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) (96/6) 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.1 TITLE TITLE Daniel L. Powers 250 Australian Ave 8#400 WAYMAN, EDWIN B 1.2 NAME NAME 250 AUSTRALIAN AVENUE, SUITE 400 STREET ADDRESS 1.3 STREET ADDRESS Palm Beach 33401 WEST PALM BEACH FL 33401 1.4 CITY-ST-ZIP CITY-SI-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE WRIGHT, LARRY E 2.2 NAME NAME 250 AUSTRALIAN AVENUE, SUITE 400 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TILLE COTE, JAMES A NAME 3 2 NAME 1990 N. CALIFORNIA BOULEVARD, SUITE 640 3.3 STREET ADDRESS STREET ADDRESS **WALNUT CREEK CA 94596** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition 4.1 TITLE Tr'UE VOGT, LOUIS E. 4. 2 NAME NAM: 250 S. AUSTRALIAN AVE. STE 400 4.3 STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 4.4 CITY-ST-ZIP CITY ST-ZIP DELETE ☐ Change Addition THE 5.1 TITLE GUTIN, KATHLEEN L. NAME 5.2 NAME 250 S. AUSTRALIAN AVE. STE 400 STREET ADDRESS 5.3 STREET ADDRESS WEST PALM BEACH FL 5.4 CITY-ST-ZIP Ciffy-ST-ZiP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY - ST - 20F

DELETE

6.1 TITLE

62 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.

Change

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State