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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000077876 (8) **DOCUMENT #** 

MIG MANAGEMENT SERVICES OF OHIO, INC.

Principal Place of Business

Mailing Address

## FILED May 15 1998 8:00am Secretary of State



250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401 250 AUSTRALIAN AVE. S., SUITE 400 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0530858 21 26 Not Applicable 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 П 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PATRIE, SHARON 250 S. AUSTRALIAN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **STE 400 R3** WEST PALM BEACH FL 33401 84 City Zip Code 85 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 nan e of ingestered agent and title it applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE POWERS, DANIEL L NAME 1.2 NAME 250 AUSTRALIAN AVENUE, SUITE 400 STREET ADDRESS 1.3 STHEET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CHTY-ST-2IF DELETE Change Addition TITLE 2.1 TITLE WRIGHT, LARRY E NAME 2.2 NAME 250 AUSTRALIAN AVENUE, SUITE 400 STREET ADDRESS 2.3 STREET ADDRESS **WEST PALM BEACH FL 33401** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME COTE. JAMES A 3.2 NAME 1990 N. CALIFORNIA BOULEVARD, SUITE 640 STREET ADDRESS 3 3 STREET ADDRESS **WALNUT CREEK CA 94596** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition Change TITLE 4.1 TITLE **VOGT, LOUIS E.** NAME 4. 2 NAME 250 S. AUSTRALIAN AVE. STE 400 STREET ADDRESS 4.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE **GUTIN, KATHLEEN L.** NAME 52 NAME 250 S. AUSTRALIAN AVE. STE 400 STREET ADDRESS 5.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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 eath; that I am an officer or director of the corporaty in or the receiver or trustee proposered 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 a placety per high address. KATHLEEN L.GUTIN

4 Aulae

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