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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077882

1. Corporation Name

MIG MANAGEMENT SERVICES OF MINNESOTA, INC.



Principal Place of Business 250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401	Mailing Address 250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 250 AUSTRALIAN AVE Suite, Apt. #, etc. 22 SUITE 400 City & State 23 WEST PALM BEACH, FL Zip 24 33401 Country 25 USA		2a. Mailing Address 26 250 AUSTRALIAN AVE. Suite, Apt. #, etc. 27 SUITE 400 City & State 28 WEST PALM BEACH, FL Zip 29 33401 Country 30 USA		3. Date Incorporated or Qualified 10/24/1994	4. FEI Number 65-0530856	Applied For Not Applicable
				5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PATRIE, SHARON
250 S. AUSTRALIAN AVE.
STE 400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name JANE M. STEINER	82 Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVE., STE 400	83	84 City WEST PALM BEACH FL	85 Zip Code 33401
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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: *Jane M. Steiner* JANE M. STEINER, Registered Agent 4/20/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWERS, DANIEL L. 250 AUSTRALIAN AVENUE, SUITE 400 WEST PALM BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DV WRIGHT, LARRY E. 250 AUSTRALIAN AVE., STE 400 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, LARRY E 250 AUSTRALIAN AVENUE, SUITE 400 WEST PALM BEACH FL 33401	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE, JAMES A 1990 N. CALIFORNIA BOULEVARD, SUITE 640 WALNUT CREEK CA 94596	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOGT, LOUIS E. 250 S. AUSTRALIAN AVE. STE 400 WEST PALM BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS GUTIN, KATHLEEN L. 250 S. AUSTRALIAN AVE. STE 400 WEST PALM BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: *Larry E. Wright* SIGNATURE REQUIRED: *Larry E. Wright, Vice Pres.* 4/12/99 (S0) 820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #