FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077888 (3)**

1. Corporation Name
MIG MANAGEMENT SERVICES OF MARYLAND, INC.

Principal Place of Business	Mailing Address
250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401	250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 65-0530850 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: JANE S. GOLDBERGER
82 Street Address (P.O. Box Number is Not Acceptable): 250 AUSTRALIAN AVE S. STE 400
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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] 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name(s) changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WAYMAN, EDWIN B	12 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE. S., SUITE 400	13 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, LARRY E	22 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE. S., SUITE 400	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COTE, JAMES A	32 NAME	
STREET ADDRESS	1990 N. CALIFORNIA BLVD., SUITE 640	33 STREET ADDRESS	
CITY ST ZIP	WALNUT CREEK CA 94596	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change X Addition
NAME		42 NAME	P LOUIS E VOST
STREET ADDRESS		43 STREET ADDRESS	250 AUSTRALIAN AVE S. STE 400
CITY ST ZIP		44 CITY ST ZIP	WEST PALM BEACH FL 33401
TITLE		51 TITLE	☐ Change X Addition
NAME		52 NAME	S/T NATALEEN L. GUTIN
STREET ADDRESS		53 STREET ADDRESS	250 AUSTRALIAN AVE S., STE 400
CITY ST ZIP		54 CITY ST ZIP	WEST PALM BEACH, FL 33401
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] DIRECTOR 4/26/95 (407) 820-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone Number
LARRY E. WRIGHT

0243441 CP