


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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000077891 (7)**

1. Corporation Name  
**MIG MANAGEMENT SERVICES OF GEORGIA, INC.**



Principal Place of Business <b>250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 AUSTRALIAN AVE. S., SUITE 301 WEST PALM BEACH FL 33401-5012</b>
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3. Date Incorporated or Qualified <b>10/24/1994</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>65-0533199</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**GOLDBERGER, JANE S.  
250 S. AUSTRALIAN AVE.  
STE 400  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name **Sharon Patric**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**250 Australian Ave. S.**  
83 **Suite 400**  
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 *Sharon V. Patric* **Sharon Patric** **4/22/97**  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WAYMAN, EDWIN B</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVE. S., SUITE 400</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WRIGHT, LARRY E</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVE. S., SUITE 400</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COTE, JAMES A</b>
STREET ADDRESS	<b>1990 N. CALIFORNIA BLVD., SUITE 640</b>
CITY-ST-ZIP	<b>WALNUT CREEK CA 94596</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>VOGT, LOUIS E.</b>
STREET ADDRESS	<b>250 S. AUSTRALIAN AVE. STE 400</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>VST</b> <input type="checkbox"/> DELETE
NAME	<b>GUTIN, KATHLEEN L</b>
STREET ADDRESS	<b>250 S. AUSTRALIAN AVE. STE 400</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Barry S. Altshuler</b>
1.3 STREET ADDRESS	<b>250 Australian Ave. S #400</b>
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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.

SIGNATURE: *Kathleen L Gutin* **Kathleen L Gutin** **4/23/97** **561-820-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)