

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P94000077896 (6)

1. Corporation Name

MIG MANAGEMENT SERVICES OF CALIFORNIA, INC.

95 MAY - 1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report

4. FEI Number

65-0528747

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 County

28 Zip

30 County

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 of Registered Agent (Signature required when appointing)

(NOTE: Registered Agent Signature required when appointing)

4/26/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WAYMAN, EDWIN B
250 AUSTRALIAN AVE. S., SUITE 400
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WRIGHT, LARRY E
250 AUSTRALIAN AVE. S., SUITE 400
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
COTE, JAMES A
1990 N. CALIFORNIA BLVD., SUITE 640
WALNUT CREEK CA 94596

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

□ Change □ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

□ Change □ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

□ Change □ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

□ Change X Addition

P
LOUIS G. VOGT
250 AUSTRALIAN AVE S. STE 400
WEST PALM BEACH FL 33401

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

□ Change X Addition

S/T
KATHLEEN L. GUTIN
250 AUSTRALIAN AVE S. STE 400
WEST PALM BEACH FL 33401

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

□ Change □ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information was prepared on the 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 owner of ten percent or more of the outstanding shares of the corporation, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY E. WRIGHT

DIRECTOR

4/26/95 (407) 820-1300