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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000039206 (4)

1. Corporation Name
MIG MANAGEMENT SERVCIES OF NORTH CAROLINA, INC.

Principal Place of Business
250 AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33401

Mailing Address
250 AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33401-5012



3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0600694	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 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

KENDALL, ROBERT F
250 AUSTRALIAN AVE. S. #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
85 FL	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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Sharon v. Patric* *Sharon Patric* *4/22/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Barry S. Altshuler	
1.3 STREET ADDRESS	250 Australian Ave. S #400	
1.4 CITY - ST - ZIP	West Palm Beach, FL 33401	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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* *4/23/97* *561-820-1300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)