


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

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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	
<b>DOCUMENT # P96000093401 (3)</b> 1. Corporation Name <b>MIG MANAGEMENT SERVICES OF UTAH, INC.</b>			
Principal Place of Business <b>250 AUSTRALIAN AVE. SUITE 400 WEST PALM BEACH FL 33401</b>		Mailing Address <b>250 AUSTRALIAN AVE. SUITE 400 WEST PALM BEACH FL 33401-5012</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>GOLDBERGER, JANE S 250 AUSTRALIAN AVE. SUITE 400 WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent 81 Name <b>Sharon Patric</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>250 Australian Ave.</b> 83 <b>Suite 400</b> 84 City <b>West Palm Beach</b> FL 85 Zip Code <b>33401</b>	
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 <b>Sharon V. Patric</b> <b>Sharon Patric</b> <b>4/22/97</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 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>Larry E. Wright</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 checked="" type="checkbox"/> Addition 2.2 NAME <b>Louis E. Vogt</b> 2.3 STREET ADDRESS <b>250 Australian Ave S #400</b> 2.4 CITY-ST-ZIP <b>West Palm Beach, FL 33401</b> 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Kathleen L. Gutin</b> 3.3 STREET ADDRESS <b>250 Australian Ave. S #400</b> 3.4 CITY-ST-ZIP <b>West Palm Beach, FL 33401</b> 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>James A. Cole</b> 4.3 STREET ADDRESS <b>250 Australian Ave. S #400</b> 4.4 CITY-ST-ZIP <b>West Palm Beach, FL 33401</b> 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>Barry S. Altshuler</b> 5.3 STREET ADDRESS <b>250 Australian Ave. S #400</b> 5.4 CITY-ST-ZIP <b>West Palm Beach, FL 33401</b> 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>Steven C. Thrower</b> 6.3 STREET ADDRESS <b>250 Australian Ave. S #400</b> 6.4 CITY-ST-ZIP <b>West Palm Beach, FL 33401</b>	
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: <b>Kathleen L. Gutin</b> <b>4/23/97</b> <b>561-820-1300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



CR2E034 (9/96)