


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734838 (6)**  
1. Corporation Name  
**THE MARINERS CLUB ASSOCIATION, INC.**



Principal Place of Business <b>8414 SW 208TH STREET MIAMI FL 33189</b>	Mailing Address <b>20758 SOUTHWEST 84TH AVENUE MIAMI FL 33189</b>
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3. Date Incorporated or Qualified <b>01/22/1976</b>		
4. FEI Number <b>59-2421563</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**9. Name and Address of Current Registered Agent**

**EDWARDS, E. BRAD  
8414 SW 208TH STREET  
MIAMI FL 33189**

**10. Name and Address of New Registered Agent**

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>SD</b>	<b>FIESELMAN, CHARLOTTE A</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>Sec/Treas./Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIESELMAN, CHARLOTTE A</b>	1.2 NAME
STREET ADDRESS	<b>20758 SW 84TH AVE.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	1.4 CITY-ST-ZIP
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>President/Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, BRAD</b>	2.2 NAME
STREET ADDRESS	<b>8414 SOUTHWEST 208 STREET</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	2.4 CITY-ST-ZIP
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARCIA, SUSAN</b>	3.2 NAME
STREET ADDRESS	<b>8418 SW 208 STREET</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	<b>CRUZO, MARITZA</b>	4.2 NAME
STREET ADDRESS	<b>8410 SW 208 STREET</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	4.4 CITY-ST-ZIP
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>VP/Director</b> (Same) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELLISSEN, DON</b>	5.2 NAME
STREET ADDRESS	<b>20750 SW 84TH AVENUE</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	<b>Susan Esquetini</b>	6.2 NAME
STREET ADDRESS	<b>8413 SW 208 Terrace</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>Miami, FL 33189</b>	6.4 CITY-ST-ZIP

1.1 TITLE <b>Sec/Treas./Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Fieselman, Charlotte A.</b>
1.3 STREET ADDRESS <b>20758 SW 84th Avenue</b>
1.4 CITY-ST-ZIP <b>Miami FL 33189</b>
2.1 TITLE <b>President/Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Edwards, Brad</b> (Same)
2.3 STREET ADDRESS <b>8414 Southwest 208 Street</b>
2.4 CITY-ST-ZIP <b>Miami, FL 33189</b>
3.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Thomas Gates</b>
3.3 STREET ADDRESS <b>8415 SW 208 Terrace</b>
3.4 CITY-ST-ZIP <b>Miami, FL 33189</b>
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <b>VP/Director</b> (Same) <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Nellissen, Don</b>
5.3 STREET ADDRESS <b>20750 SW 84th Avenue</b>
5.4 CITY-ST-ZIP <b>Miami, FL 33189</b>
6.1 TITLE
6.2 NAME <b>Director</b>
6.3 STREET ADDRESS <b>Susan Esquetini</b>
6.4 CITY-ST-ZIP <b>8413 SW 208 Terrace, Miami FL 33189</b>

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlotte A. Fieselman Secretary* 4/29/98

CR2E037 (10/97)