

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 9:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F94000005676 (1)**

1. Corporation Name

**MARINER/ISI PLANNING CORPORATION**

Principal Place of Business

**17199 N. LAUREL PARK DR.  
SUITE 100  
LIVONIA MI 48152-3908**

Mailing Address

**17199 N. LAUREL PARK DR.  
SUITE 100  
LIVONIA MI 48152-3908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/02/1994**

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

4. FEI Number

**38-2463529**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 (typed or printed name of registered agent and title) (required)

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
BOONE, ROBERT E  
17199 N. LAUREL PARK DR.  
LIVONIA MI 48152-3908**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
GREGG, WILLIAM E  
17199 N. LAUREL PARK DR.  
LIVONIA MI 48152-3908**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VS  
COLTON, CLARK F JR  
17199 N. LAUREL PARK DR.  
LIVONIA MI 48152-3908**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
WARNICK, KENNETH D  
17199 N. LAUREL PARK DR.  
LIVONIA MI 48152-3908**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
HURLEY, G. JOHN  
201 HIGHLAND AVE.  
LARGO FL 34840**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
KENNEY, JOHN R  
201 HIGHLAND AVE.  
LARGO FL 34840**

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  Addition

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

Change  Addition

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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/95**

**313-462-1010**

Date

Telephone Number