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FILED
Feb 06 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 # F94000005676 (1)

1. Corporation Name
MARINER 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**

3. Date Incorporated or Qualified **11/02/1994** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business
 21 **201 Highland Ave**

2a. Mailing Address
 26 **201 Highland Ave**

4. FEI Number **38-2463529** Applied For Not Applicable

22 **MB 4208**

27 **MB 4208**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Largo FL**

28 **Largo FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33770** 25 **USA**

29 **33770** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BOONE, ROBERT E
STREET ADDRESS	17199 N. LAUREL PARK DR. LIVONIA MI 48152-3908
CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE
NAME	CUMMINGS, WILLIAM G.
STREET ADDRESS	201 HIGHLAND AVENUE LARGO FL
CITY - ST - ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	COLTON, CLARK F JR
STREET ADDRESS	17199 N. LAUREL PARK DR. LIVONIA MI 48152-3908
CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE
NAME	FRANZ, RICHARD II
STREET ADDRESS	201 HIGHLAND AVENUE LARGO FL
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	HURLEY, G. JOHN
STREET ADDRESS	201 HIGHLAND AVE. LARGO FL 34640
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	KENNEY, JOHN R
STREET ADDRESS	201 HIGHLAND AVE. LARGO FL 34640
CITY - ST - ZIP	

1.1 TITLE	P, Chairman, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. Will Paul
1.3 STREET ADDRESS	17199 N. Laurel Park Dr #100
1.4 CITY - ST - ZIP	Livonia MI 48152
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33770
3.1 TITLE	VP, Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William H. Geiger
3.3 STREET ADDRESS	201 Highland Ave
3.4 CITY - ST - ZIP	Largo FL 33770
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33770
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33770
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	33770

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: *William G. Cummings* **1/15/97** **800-851-2666**
 _____ Date Daytime Phone
 WILLIAM G. CUMMINGS, V.P. X-2734

CR2E034 (9/96)