

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 384829 (8)
1. Corporation Name
MARINER PROPERTIES, INC.



Principal Place of Business Mailing Address
12800 UNIVERSITY DR., STE. #350 12800 UNIVERSITY DR., STE. #350
FORT MYERS FL 33907-5343 FORT MYERS FL 33907-5343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/30/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1357268	
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARINER GROUP, INC.
12800 UNIVERSITY DR.
SUITE 350
FORT MYERS FL 33919

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CHRM/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ROBERT M.		1.2 NAME	Ten Broek, Allen G.	
STREET ADDRESS	15260 FIDDESTICKS BLVD.		1.3 STREET ADDRESS	12800 University Drive, #260	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXON, JAMES H.		2.2 NAME	Elaine Hawkins	
STREET ADDRESS	12800 UNIVERSITY DR., STE. 350		2.3 STREET ADDRESS	12800 University Drive, #260	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKETER, JOE		3.2 NAME		
STREET ADDRESS	5749 SANDPIPER PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, CAROL		4.2 NAME		
STREET ADDRESS	12800 UNIVERSITY DR., STE. 350		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	ASST SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA M. SUSZEK		5.2 NAME	Linda M. Suszek	
STREET ADDRESS	12800 UNIVERSITY DR #260		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

CR2E034 (10/97)