

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827192

1. Corporation Name

THE MARINER GROUP, INC.

Principal Place of Business

12800 UNIVERSITY DR SUITE 350
SUITE 350
FT MYERS FL 33907

Mailing Address

12800 UNIVERSITY DR SUITE 350
SUITE 350
FT MYERS FL 33907

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 PM 3:39



REINSTATEMENT

3. Date Incorporated or Qualified

12/16/1971

4. FEI Number

34-1089734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite #260

Suite, Apt. #, etc.

Suite # 260

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BLACK, EDWARD
12800 UNIVERSITY DRIVE, SUITE #350
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name Allen G. Ten Broek

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

83 Suite # 260

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 *Allen G. Ten Broek*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/7/99

12. OFFICERS AND DIRECTORS

TITLE CM ☐ DELETE

NAME TAYLOR, ROBERT M.
STREET ADDRESS 12800 UNIVERSITY DRIVE, #350
CITY-ST-ZIP FT. MYERS FL

TITLE P ☐ DELETE

NAME ALLEN G. TEN BROEK
STREET ADDRESS 12800 UNIVERSITY DR #260
CITY-ST-ZIP FT. MYERS FL

TITLE VST ☒ DELETE

NAME HAWKINS, ELAINE
STREET ADDRESS 12800 UNIVERSITY DRIVE, SUITE #350
CITY-ST-ZIP FORT MYERS FL

TITLE AS ☐ DELETE

NAME SISZEK, LINDA M
STREET ADDRESS 12800 UNIVERSITY DRIVE, SUITE #260
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

Suite # 260

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

Suite # 260

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Linda M. Suszek

10/10/99

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.

SIGNATURE *Allen G. Ten Broek* Allen G. Ten Broek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/99

Date

941.481.2011

Daytime Phone #

CR2E034 (5/99)