SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F30724** (1)

1. Corporation Name

MARINER CAPITAL INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
~~13391 MCGREGOR BLVD SW #4 FT MYERS FL 33919-5934 US~~	~~13391 MCGREGOR BLVD SW #4 FT MYERS FL 33919-5934 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1981
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address
21 12800 University Dr.	26 12800 University Dr.,#350
Suite, Apt. #, etc: 22 Ste. 350	Suite, Apt. #, etc: 27
City & State: 23 Fort Myers, FL	City & State: 28 Ft. Myers, FL
Zip: 24 33907 Country: 25 US	Zip: 29 33907 Country: 30 US

4. FEI Number: 59-2094148 ☐ 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
9. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOGOTT, TIMOTHY R
13391 MCGREGOR BLVD., S.W.
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable): 12800 University Drive
83: Suite 350
84 City: Fort Myers, 85 FL Zip Code: 33907

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~OD~~	11 TITLE		☐ Change ☐ Addition
NAME	~~TAYLOR, ROBERT M~~	12 NAME		
STREET ADDRESS	~~15260 FIDDLESTICKS BOULEVARD~~	13 STREET ADDRESS		
CITY ST ZIP	~~FT MYERS FL~~	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	BOGOTT, TIMOTHY R	22 NAME		
STREET ADDRESS	~~12319 MCGREGOR WOODS CIR~~	23 STREET ADDRESS	12800 University Dr., Ste. 350	
CITY ST ZIP	~~FT MYERS FL~~	24 CITY ST ZIP	Ft. Myers, FL 33907	
TITLE	~~CT~~	31 TITLE	VP/Broker	☐ Change ☒ Addition
NAME	~~RAIMONDI, LAWRENCE A.~~	32 NAME	Teresa L. Zagaria	
STREET ADDRESS	~~431 ESTERO BLVD.~~	33 STREET ADDRESS	12800 University Dr., Ste. 350	
CITY ST ZIP	~~FT. MYERS BCH. FL~~	34 CITY ST ZIP	Ft. Myers, FL 33907	
TITLE	~~AS~~	41 TITLE	Sec/Treas	☐ Change ☒ Addition
NAME	~~GOULLION, MICHAEL J.~~	42 NAME	Virginia S. Brooks	
STREET ADDRESS	~~6900 ESSEX DRIVE~~	43 STREET ADDRESS	12800 University Dr., Ste. 350	
CITY ST ZIP	~~FT. MYERS FL~~	44 CITY ST ZIP	Fort Myers, FL 33907	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: _____ 6/09/95 941-481-2011
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Timothy R. Bogott President

0106820 CP