

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

4. FEI Number

38-2463529

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

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

30

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 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:

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

4/20/95

313-462-1010

Date

Telephone Number