

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998 - 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000004844
 1. Corporation Name
Mariner Crossing, Inc.

Principal Place of Business Mailing Address
 222 Broadway 222 Broadway
 10th Fl. 10th Fl.
 New York, NY 10038 New York, NY 10038

2. Principal Place of Business 2a. Mailing Address
 21 222 Broadway 2a 222 Broadway
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 10th Fl. 27 10th Fl.
 City & State City & State
 23 New York, NY 28 New York, NY
 Zip Country Zip Country
 24 10038 25 USA 29 10038 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
 4. FEI Number Applied For
 13-3971857 Not Applicable
 \$8.75 Additional Fee Required
 5. Certificate of Status Desired
 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

9. Name and Address of Current Registered Agent
 CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

10. Name and Address of New Registered Agent
 81 Name N/A
 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Ben Marciano	
STREET ADDRESS	222 Broadway-10th Fl.	
CITY - ST - ZIP	New York, NY 10038	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Margaret M. Grieve	
STREET ADDRESS	222 Broadway-10th Fl.	
CITY - ST - ZIP	New York, NY 10038	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Mary Byrne	
STREET ADDRESS	222 Broadway-10th Fl.	
CITY - ST - ZIP	New York, NY 10038	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Ben Marciano	
STREET ADDRESS	222 Broadway-10th Fl.	
CITY - ST - ZIP	New York, NY 10038	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Steve Nobbs	
STREET ADDRESS	222 Broadway-10th Fl.	
CITY - ST - ZIP	New York, NY 10038	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	200002498142
6.4 CITY - ST - ZIP	-04/23/98---01070 025

***150.00

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: Mary Byrne 4/7/98 (212) 412-1309
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)