

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G48164** (9)

1. Corporation Name
MARINER CAPITAL MANAGEMENT, INC.

Principal Place of Business 12800 UNIVERSITY DR SUITE 675 FT MYERS FL 33907 US	Mailing Address 12800 UNIVERSITY DR SUITE 675 FT MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Ste 260 22 City & State City & State 23 Zip Zip 24 Country Country		2a. Mailing Address 25 Suite, Apt. #, etc. Ste 260 26 City & State City & State 27 Zip Zip 28 Country Country		3. Date Incorporated or Qualified 07/11/1983	
		4. FEI Number 59-2337910		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RAMONDI, LAWRENCE A 12800 UNIVERSITY DR STE 675 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) Ste 260 83 City FL 84 Zip Code	
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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 DATE **4/28/98**
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 CD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, R. M.		1.2 NAME	
STREET ADDRESS 15260 FIDDLESTICKS BOULEVARD		1.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE 15864 Silverado Ct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOGOTT, TIM (CEO)		2.2 NAME	
STREET ADDRESS 12319 MCGREGOR WOODS CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		2.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAMONDI, LAWRENCE A.		3.2 NAME Allen G. Ten Broek	
STREET ADDRESS 431 ESTERO BLVD.		3.3 STREET ADDRESS 11496 Osprey Landing Way	
CITY-ST-ZIP FORT MYERS FL		3.4 CITY-ST-ZIP Ft. Myers FL	
TITLE VST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLACKETER, JOE K.		4.2 NAME Elaine A. Hawkins	
STREET ADDRESS 12800 UNIVERSITY DR #280		4.3 STREET ADDRESS 6642 Daniel Court	
CITY-ST-ZIP FT MYERS FL		4.4 CITY-ST-ZIP Ft. Myers, FL	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Allen G. Ten Broek DATE: **4/28/98** **941-481-2011**

CR2E034 (10/97)