

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4: 37

DOCUMENT # G48164

1. Corporation Name
MARINER CAPITAL MANAGEMENT, INC.

Principal Place of Business
12800 UNIVERSITY DR
STE 260
FT MYERS FL 33907
US

Mailing Address
12800 UNIVERSITY DR
STE 260
FT MYERS FL 33907
US

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/11/1983

4. FEI Number

59-2337910

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

9. Name and Address of Current Registered Agent

TENBROEK, ALLEN G
STE 260
STE 675
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive

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

10/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
TAYLOR, R. M.
STREET ADDRESS 15260 FIDDLESTICKS BOULEVARD
CITY-STATE-ZIP FORT MYERS FL

TITLE ☒ DELETE

NAME BOGOTT, TIM (DEO)
STREET ADDRESS 15804 SILVERADO CT
CITY-STATE-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME PCO
TENBROEK, ALLEN G
STREET ADDRESS 11496 OSPREY LANDING WAY
CITY-STATE-ZIP FORT MYERS FL

TITLE ☒ DELETE

NAME JST
HAWKINS, ELAINE A
STREET ADDRESS 6642 DANIEL CT
CITY-STATE-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS 12800 University Drive, Suite # 260
1.4 CITY-STATE-ZIP Fort Myers, FL 33907

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 000003038430--9
2.4 CITY-STATE-ZIP -11/08/99--01114--017

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 12800 University Drive, Suite # 260
3.4 CITY-STATE-ZIP Fort Myers, FL 33907

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME Linda M. Suszek
5.3 STREET ADDRESS 12800 University Drive, Suite # 260
5.4 CITY-STATE-ZIP Fort Myers, FL 33907

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

9/27/99

941.481.2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

AD