FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L70929** **(9)**

1. Corporation Name

MARINER CAPITAL PARTNERSHIPS, INC.

Principal Place of Business	Mailing Address
% TIMOTHY R. BOGOTT 13391 MCGREGOR BLVD., SUITE 4 FT. MYERS FL 33919 US	% TIMOTHY R. BOGOTT 13391 MCGREGOR BLVD., SUITE 4 FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1990
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0190834 ☐ 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 **X** No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Lawrence A. Raimondi
82 Street Address (P.O. Box Number is Not Acceptable): 13391 McGregor Blvd., Ste #4
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: Lawrence A. Raimondi — 2/28/95
(NOTE: Registered Agent Signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, R.M.	12 NAME		
STREET ADDRESS	15260 FIDDLESTICKS BOULEVARD	13 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP		
TITLE	DEV	21 TITLE	President	☒ Change ☐ Addition
NAME	RAIMONDI, LAWRENCE A.	22 NAME		
STREET ADDRESS	431 ESTERO BOULEVARD	23 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BOGOTT, TIMOTHY R.	32 NAME		
STREET ADDRESS	12319 MCGREGOR WOOD CIR	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	SCULLION, MICHAEL J.	42 NAME		
STREET ADDRESS	6980 ESSEX DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP		
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		

14. I (we) 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 above, or on an attachment with an address.

SIGNATURE: Lawrence A. Raimondi — 2/28/95 — (813) 437-0555
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Telephone Number)

Lawrence A. Raimondi

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