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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P01771 (5)

1. Corporation Name
MARINER FINANCIAL SERVICES, INC. OF MICHIGAN



Principal Place of Business

17199 N. LAUREL PARK
STE. 100
LIVONIA MI 48152
US

Mailing Address

17199 LAUREL PARK DRIVE, N. STE. #100
LIVONIA MI 48152-3908

2. Principal Place of Business

21 201 Highland Ave

22 MB 4208

23 Largo FL

24 33770 25 USA

2a. Mailing Address

26 201 Highland Ave

27 MB 4208

28 Largo FL

29 33770 30 USA

3. Date Incorporated or Qualified

04/26/1984

3a. Date of Last Report

04/16/1996

4. FEI Number

38-2273238

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Sign above, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, ROBERT	
STREET ADDRESS	17199 LAUREL PK DR N 100	
CITY - ST - ZIP	LIVONIA MI	
TITLE	CTD	<input checked="" type="checkbox"/> DELETE
NAME	PAULL, J. WILL	
STREET ADDRESS	17199 LAUREL PK DR N 100	
CITY - ST - ZIP	LIVONIA MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CUMMINGS, WILLIAM G	
STREET ADDRESS	201 HIGHLAND AVENUE	
CITY - ST - ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRANZ, III RICHARD B.	
STREET ADDRESS	201 HIGHLAND AVENUE	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURLEY, G. JOHN	
STREET ADDRESS	201 HIGHLAND AVE	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEY, JOHN R.	
STREET ADDRESS	201 HIGHLAND AVE	
CITY - ST - ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, C, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. Will Paull	
1.3 STREET ADDRESS	17199 Laurel Park Dr N, #100	
1.4 CITY - ST - ZIP	Livonia MI 48152	
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 checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		33770
4.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		FL 33770
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		33770
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		33770

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:

William G. Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William G. Cummings, V.P.

1/15/97 800-851-2666

Date

Daytime Phone 800-851-2666

CR2E034 (9/96)