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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000024991 (8) DOCUMENT #

MARINER REALTY CORP.

Principal Place of Business

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



1907 S.W. MOORING DRIVE PALM CITY FL 34990		1907 S.W. MOORING D Palm City FL 34990	1907 S.W. MOORING DRIVE PALM CITY FL 34990			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified 03/27/1995			
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26				65-0576215		Vot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	latus Desired S8.75 Additionel Fee Required		
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	7(p)	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curi	ent Registered Agent				10. Name and Address of New Registered	Agent		
	MPERS, JAY C III			81	Name			}	
1907 S.W. MOORING DRIVE PALM CITY FL 34990				82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City	FL	85 Zig	o Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607, 1508, Florida State of Florida, Such change was	utes, the a	bove d by	e-named co	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	changing	its registered	
agent. I a	m familiar with, and accept the ob-	ligations of, Section 607.05 0 5, l	Florida Sta	lutes	S.	there is an an another in the appropriate			
SIGNATURE									
12.	Signature types or protest taear of registered OFFICERS A	AND DIRECTORS	13.	d Ago	ant eithuainte teid	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE	P	DELETE	1.1 10	 1LF		ADDITIONAL TO STREET AND	Change		
NAME	BUMPERS, JAY C III		i i	1.2 NAME					
STREET ADDRESS	1907 S.W. MOORING DR.				ADDRESS				
CITY-ST-ZIP	PALM CITY FL 34990		- 1.4 C(1Y - S1 - Z(P						
TITLE		□ D€LETE					Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			235	IBLET	ADDRESS				
CITY-ST-ZIP			2 4 0	η γ- 8	ST - 71P				
TITLE		DELETE	E 31 TITLE				☐ Change	Addition	
NAME			3 2 N	AME					
STREET ADDRESS			335	TREET	ADDRESS				
CITY-ST-ZIP	P DELET			3 4. CITY - ST - ZIP					
TITLE	·						Change	Addition	
NAME			4 2 N						
STREET ADDRESS					ADDRESS			ĺ	
CITY-ST-ZIP		D OFFETS		IIY-S	7-7IP		Change	Addition	
TITLE			DELETE 5.1 TITE 5.2 NA				C) change	Addition	
NAME OVEREST ADDRESS					ADODECO				
STREET ADDRESS					ADURESS				
CITY-ST-ZIP TITLE		DECETE	5.4 C		1- ZIP		Change	Addition	
NAME		C) prece	6.2 N				∟ oneige		
					ADDRESS				
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY+ST+ZIP						
CITY-ST-ZIP	27		5.4 C	11 Y - S	1.70°	Carlland 110 OT(OV). Flacida Ciatata a Life Illinois	416 . 15 . 4 . 41		

in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio complemental amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an another eceiver or trustro-empsy-wered to execute this report <u>as required by C</u>hapter 607, Florida Statutes; and that my name appears in