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FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000025769 (5)

1. Corporation Name

MARINER TECHNOLOGIES, INC.

Principal Place of Business

GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG FL 33702

Mailing Address

GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

59-3450901

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG FL 33702

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

Signature, type or printed name, of registered agent and block 7 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME MASCARA, ERNEST L
STREET ADDRESS GLADES BLDG., 877 EXEC. CNTR. DR., W
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Cynthia L. McGuinness
2.3 STREET ADDRESS 877 EXECUTIVE CENTER DR. W
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME GREG MCGUINNESS
3.3 STREET ADDRESS P.O. Box 58272
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33155

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Cynthia L. McGuinness
4.3 STREET ADDRESS 877 EXECUTIVE CENTER DR. W, SUITE 303
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME GREG MCGUINNESS
5.3 STREET ADDRESS 877 EXECUTIVE CENTER DRIVE W.
5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 500002544555
6.3 STREET ADDRESS -06/02/98--01031--045
6.4 CITY-ST-ZIP ***5850.00

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:

Cynthia L. McGuinness, Cynthia L. McGuinness 4-28-98 (813) 866-1185

CR2E034 (10/97)