

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **F93000000583 (5)**

1. Corporation Name

GENERAL STEAMSHIP AGENCIES, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 193450
SAN FRANCISCO CA 94119-3450

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SAN FRANCISCO CA 94119-3450

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

94-3169159

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, G S	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PAGE, H D	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLACKMORE, J A	
STREET ADDRESS	300 ELLIOTT AVENUE W., STE. 315	
CITY-ST-ZIP	SEATTLE WA 98119	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAHONEY, J R	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	SABARESE, M F	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NATHAN, M	
STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	ONE CALIFORNIA ST., STE. 2000
6.4 CITY-ST-ZIP	SAN FRANCISCO CA 94111

14. I do 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)(k), 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

Janis R. Mahoney

JANIS R. MAHONEY

5/1/96

(415) 772-9264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)