

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

DOCUMENT # **P04471 (9)**

1. Corporation Name
UNITOR SHIPS SERVICE, INC.



Principal Place of Business: **2375 W. ESTHER STREET 24 90813**
Mailing Address: **2375 W. ESTHER STREET 24 90813**

3. Date Incorporated or Qualified: **12/26/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 100 OCEANGATE**
Suite, Apt. #, etc.: **22 STE 200**
City & State: **23 LONG BEACH, CA**
Zip: **24 90802** Country: **25 US**
2a. Mailing Address: **26 100 OCEANGATE**
Suite, Apt. #, etc.: **27 STE 200**
City & State: **28 LONG BEACH CA**
Zip: **29 90802** Country: **30 US**

4. FEI Number: **76-0123280**
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: **CT 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
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent Signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FALSTAD, RUNE		1.2 NAME:	
STREET ADDRESS: 2375 W. ESTHER STREET		1.3 STREET ADDRESS: DRAMMENSVEIEN 211-02??	
CITY-ST-ZIP: LONG BEACH CA		1.4 CITY-ST-ZIP: OSLO, NORWAY	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BERG, PAAL		2.2 NAME:	
STREET ADDRESS: 2375 W. ESTHER STREET		2.3 STREET ADDRESS: 100 OCEANGATE, STE 200	
CITY-ST-ZIP: LONG BEACH CA		2.4 CITY-ST-ZIP: LONG BEACH, CA 90802	
TITLE: VST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LARS, JOHANSEN		3.2 NAME: TEARJE GABRIELSEN	
STREET ADDRESS: 2375 W. ESTHER STREET		3.3 STREET ADDRESS: 100 OCEANGATE, STE 200	
CITY-ST-ZIP: LONG BEACH CA		3.4 CITY-ST-ZIP: LONG BEACH, CA 90802	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: JOHNSON, STEINAR		4.2 NAME:	
STREET ADDRESS: 2375 W. ESTHER STREET		4.3 STREET ADDRESS: DRAMMENSVEIEN 211-02??	
CITY-ST-ZIP: LONG BEACH CA		4.4 CITY-ST-ZIP: OSLO, NORWAY	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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: **Paal Berg** DATE: **4/24/96** DAYTIME PHONE: **310.432.8171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)