

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 # P12599 (7)

1. Corporation Name

MAJESTIC SHIPPING SERVICES CORP.

Principal Place of Business

667 MADISON AVE.
NEW YORK NY 10021
US

Mailing Address

ONE PARK AVE.
TAX DEPT., 12TH FLOOR
NEW YORK NY 10016
US



3. Date Incorporated or Qualified

12/19/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

13-3372925

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

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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 in the state of Florida

(If the Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TISCH, JAMES S
STREET ADDRESS 667 MADISON AVE
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME POSNER, ROY E
STREET ADDRESS 667 MADISON AVE
CITY-ST-ZIP NEW YORK NY

TITLE VASD ☐ DELETE

NAME OPOTOWSKY, STUART B
STREET ADDRESS ONE PARK AVE
CITY-ST-ZIP NEW YORK NY

TITLE SD ☐ DELETE

NAME HIRSCH, BARRY
STREET ADDRESS 667 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

TITLE T ☐ DELETE

NAME KENNY, JOHN
STREET ADDRESS ONE PARK AVE
CITY-ST-ZIP NEW YORK NY

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 V/D
2.3 STREET ADDRESS Roy E. Posner
2.4 CITY-ST-ZIP 667 Madison Avenue
New York, NY 10021

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME S
4.3 STREET ADDRESS Barry Hirsch
4.4 CITY-ST-ZIP 667 Madison Avenue
New York, NY 10021

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000001808760
-05/06/96-91028-034
***200.00
5-1/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Kenny

4/24/96

(212) 545-2000

Daytime Phone #

CR2E034 (12/95)