

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12692 (0)

1. Corporation Name
PACIFIC GATEWAY PROPERTIES, INC.



Principal Place of Business 101 SPEAR ST. SUITE 215 SAN FRANCISCO CA 94105 US	Mailing Address 101 SPEAR ST. SUITE 215 SAN FRANCISCO CA 94105-1559 US
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3. Date Incorporated or Qualified 12/29/1986	3a. Date of Last Report 02/09/1996
4. FEI Number 04-2816560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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: _____ DATE: _____
Sign in cursive or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARINO, RAYMOND	
STREET ADDRESS	101 SPEAR ST SUITE 215	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	WATSON, CHRISTOPHER	
STREET ADDRESS	101 SPEAR ST SUITE 215	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARINO, RAYMOND V	
STREET ADDRESS	101 SPEAR ST., SUITE 215	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GORAYEB, ANDREW	
STREET ADDRESS	101 SPEAR ST SUITE 215	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, MARSHALL A.	
STREET ADDRESS	101 SPEAR ST., SUITE 215	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FURNEY, GARY	
STREET ADDRESS	101 SPEAR ST SUITE 215	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	Felecia Vernon-Chancey
6.3 STREET ADDRESS	101 Spear St., Suite 215
6.4 CITY-ST-ZIP	San Francisco, CA 94105

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE: _____ DATE: **3/7/97** DAYTIME PHONE: **(415) 543-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raymond V. Marino, President

CR2E034 (9/96)