

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L85454** (1)

1. Corporation Name

OCEAN PRIME CORPORATION

Principal Place of Business

Mailing Address

**C/O CHADDS FORD BUSINESS CAMPUS
P.O. BOX 500
CHADDS FORD PA 19317**

**C/O CHADDS FORD BUSINESS CAMPUS
P.O. BOX 500
CHADDS FORD PA 19317**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1990		3a. Date of Last Report 03/31/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-2644151		☐ Applied For ☐ Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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	DTP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, BRUCE E.	1.2 NAME	
STREET ADDRESS	#300 BRANDYWINE ONE BLDG	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	1.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIOVINCO, PHILLIP C.	2.2 NAME	
STREET ADDRESS	#300 BRANDYWINE ONE BLDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	2.4 CITY-ST-ZIP	
TITLE	VAS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, DENISE M.	3.2 NAME	
STREET ADDRESS	#300 BRANDYWINE ONE BLDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	3.4 CITY-ST-ZIP	
TITLE	VAS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, ELAINE E.	4.2 NAME	
STREET ADDRESS	#300 BRANDYWINE ONE BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	4.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PARKER-MOORE, DEBRA	5.2 NAME	
STREET ADDRESS	#300 BRANDYWINE ONE BLDG	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

APR 26 1996

Date

Daytime Phone #

610-358-4000

CR2E034 (12/95)

4-30-96