

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: C/O CHADDS FORD BUSINESS CAMPUS, P.O. BOX 500, CHADDS FORD PA 19317
Mailing Address: C/O CHADDS FORD BUSINESS CAMPUS, P.O. BOX 500, CHADDS FORD PA 19317

3. Date Incorporated or Qualified 07/05/1990	3a. Date of Last Report 03/31/1995
4. FEI Number 23-2644151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	30. Country

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

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	DTP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	400001801054
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER-MOORE, DEBRA	5.2 NAME	-04/30/96--01061--003
STREET ADDRESS	#300 BRANDYWINE ONE BLDG	5.3 STREET ADDRESS	***208.75
CITY-ST-ZIP	CHADDS FORD PA	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: *[Signature]* President APR 26 1996 610-358-4000

CR2E034 (12/95)

APR 4-30-96