

**FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sylvia B. Mc  
Secretary of  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000001650 (0)**

1. Corporation Name  
**OCEAN EDISON, INC.**



Principal Place of Business  
**1020 OCEAN DR.  
MIAMI BEACH FL 33139**

Mailing Address  
**1020 OCEAN DR.  
MIAMI BEACH FL 33139**

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

**KARPAWICH, TONY J JR  
1020 OCEAN DR.  
MIAMI BEACH FL 33139**

11. Pursuant to the provisions of Sections 607.0012 and 607.1509, Florida Statutes, I am or registered agent, or both, in the State of Florida. Such change was authorized by a familiar with, and accept the obligations of, Section 607.0005, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPAWICH, ANTHONY J JR	
STREET ADDRESS	1020 OCEAN DR.	
CITY-STATE-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

3. Date Incorporated or Qualified <b>10/28/1992</b>	3a. Date of Last Report <b>04/21/1995</b>
4. FTL Number <b>65-0372205</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

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)(g), 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 exercise the powers as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE: *Tony Karpawich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TONY KARPAWICH**

*3/29/96*  
*531-3485*

CR2E034 (12/95)