

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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Candice B. Merriam
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 1:32

DOCUMENT # **F93000000084 (4)**

1. Corporation Name
LSA ASSOCIATES, INC.

Principal Place of Business Mailing Address
1 PARK PLAZA SUITE 500 IRVINE CA 92714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **94-2341614** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$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 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MULCAHY, ROBERT
401 FAIRWAY DRIVE
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent
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 other than Secretary, Registered Agent, or authorized representative) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | S |
| NAME | GOODIN, KENNETH |
| STREET ADDRESS | 157 PARK PL |
| CITY- ST- ZIP | PT. RICHMOND CA |
| TITLE | T |
| NAME | KURILKO, GEORGE |
| STREET ADDRESS | 157 PARK PLACE |
| CITY- ST- ZIP | PT. RICHMOND CA |
| TITLE | PDC |
| NAME | CARD, LES |
| STREET ADDRESS | 1 PARK PLACE, SUITE 500 |
| CITY- ST- ZIP | IRVINE CA |
| TITLE | D |
| NAME | GILBERT, P.M. |
| STREET ADDRESS | 2015 BRIDGEWAY BLVD. |
| CITY- ST- ZIP | SAUSALITO CA 94965 |
| TITLE | D |
| NAME | SEEMAN, LARRY |
| STREET ADDRESS | 9544 MAPLE COURT |
| CITY- ST- ZIP | CARMEL CT 03923 |
| TITLE | D |
| NAME | NIELSEN, TOM |
| STREET ADDRESS | 3 MONACO |
| CITY- ST- ZIP | NEWPORT BEACH CA 92660 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY- ST- ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | delete |
| 23 STREET ADDRESS | |
| 24 CITY- ST- ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY- ST- ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY- ST- ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY- ST- ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY- ST- ZIP | |

14. I 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)(b), Florida Statutes. I further certify that the information originated 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. I am an officer or director of the corporation or the preparer 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 prepared, or on an attached board with an address.

SIGNATURE: *Les Card*
LES CARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95 714/553-0666