

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000084 (4)**

1. Corporation Name
LSA ASSOCIATES, INC.



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

3. Date Incorporated or Qualified: **12/30/1992**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **94-2341614**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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: _____ (Type or print name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	GOODIN, KENNETH	
STREET ADDRESS	157 PARK PL	
CITY-ST-ZIP	PT. RICHMOND CA	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	CARD, LES	
STREET ADDRESS	1 PARK PLACE, SUITE 500	
CITY-ST-ZIP	IRVINE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT, P.M.	
STREET ADDRESS	2015 BRIDGEWAY BLVD.	
CITY-ST-ZIP	SAUSALITO CA 94965	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEEMAN, LARRY	
STREET ADDRESS	9544 MAPLE COURT	
CITY-ST-ZIP	CARMEL CT 93923	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIELSEN, TOM	
STREET ADDRESS	3 MONACO	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
2. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3. STREET ADDRESS		
2.4. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME		
3.3. STREET ADDRESS		
3.4. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME		
4.3. STREET ADDRESS		
4.4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME		
5.3. STREET ADDRESS		
5.4. CITY-ST-ZIP		
6. TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2. NAME	James Culver	
6.3. STREET ADDRESS	1 Dunbar Court	
6.4. CITY-ST-ZIP	Port Ludlow, WA 98365	

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; and that I execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Les Card* 2/12/96 714/553-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)