


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90029 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000616

1. Corporation Name
LSA SECURITIES INC.



Principal Place of Business 8305 SW CREEKSIDE PL BEAVERTON OR 97008 US	Mailing Address 8305 SW CREEKSIDE PL BEAVERTON OR 97008 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 206 South 13th St Suite, Apt. #, etc. 22 Ste 100 City & State 23 Lincoln, NE Zip 24 68508 Country 25 US	2a. Mailing Address 26 PO BOX 83271 Suite, Apt. #, etc. 27 City & State 28 Lincoln NE Zip 29 68501 Country 30 US
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3. Date Incorporated or Qualified 02/09/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 93-0815464	5. Certificate of Status Desired <input 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	LAUGHLIN, PAUL A
STREET ADDRESS	21592 S.W. STAFFORD ROAD
CITY-ST-ZIP	TUALATIN OR 97062
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GARDNER, WILLIAM F.
STREET ADDRESS	8305 SW CREEKSIDE PLACE
CITY-ST-ZIP	BEAVERTON OR
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ASHTON, BARBARA A.
STREET ADDRESS	8305 SW CREEKSIDE PLACE
CITY-ST-ZIP	BEAVERTON OR
TITLE	S <input type="checkbox"/> DELETE
NAME	ALBERS, JANET M
STREET ADDRESS	16589 WOODSMAN CT
CITY-ST-ZIP	LAKE OSWEGO OR
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, BUD L
STREET ADDRESS	8305 SW CREEKSIDE PL
CITY-ST-ZIP	BEAVERTON OR 97008
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Watson, Carol S.
2.3 STREET ADDRESS	206 S 13th St, Ste 100
2.4 CITY-ST-ZIP	Lincoln, NE 68508
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wraith, B. Eugene
3.3 STREET ADDRESS	206 S 13th St Ste 100
3.4 CITY-ST-ZIP	Lincoln NE 68508
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rich Robert
4.3 STREET ADDRESS	206 S 13th St Ste 100
4.4 CITY-ST-ZIP	Lincoln NE 68508
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Hunter
5.3 STREET ADDRESS	3100 Sanders Rd
5.4 CITY-ST-ZIP	Northbrook IL 60062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **4-15-99** Daytime Phone #: **402 479 7600**

CR2E034 (1/98)