

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:37

DOCUMENT # **P34254** (3)

1. Corporation Name
L-C ASSOCIATES, INC.

Principal Place of Business Mailing Address
**1960 SILAS DEANE HWY
ROCKY HILL CT 06067** **1960 SILAS DEANE HWY
ROCKY HILL CT 06067**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/04/1991 **02/09/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number Applied For
06-1035896 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

City & State City & State
23 28

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution** **Added to Fees**

Zip Country Zip Country
24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHUANG, FRANK S.
17288 BRIDLEWAY TRAIL
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City B5 Zip Code **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 _____ DATE _____
(Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reconstituted)

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	CHUANG, FRANK S.
STREET ADDRESS	38 STONEGATE DR.
CITY - ST - ZIP	WETHERSFIELD CT
TITLE	VCD
NAME	CHUANG, LILY L.
STREET ADDRESS	38 STONEGATE DR.
CITY - ST - ZIP	WETHERSFIELD CT
TITLE	PT
NAME	CHUANG, FRANK S.
STREET ADDRESS	38 STONEGATE DR.
CITY - ST - ZIP	WETHERSFIELD CT
TITLE	VS
NAME	CHUANG, LILY L.
STREET ADDRESS	38 STONEGATE DR.
CITY - ST - ZIP	WETHERSFIELD CT
TITLE	
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
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: *Frank S. Chuang* (FRANK S. CHUANG) 2/17/1995 (203) 921-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #