

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34254** (3)

1. Corporation Name
L-C ASSOCIATES, INC.



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

3. Date Incorporated or Qualified 06/04/1991	3a. Date of Last Report 02/21/1995
4. FEI Number 06-1035896	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	
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 607.0502 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUANG, FRANK S.	12. NAME	
STREET ADDRESS	38 STONEGATE DR.	13. STREET ADDRESS	
CITY-ST-ZIP	WETHERSFIELD CT	14. CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUANG, LILY L.	22. NAME	
STREET ADDRESS	38 STONEGATE DR.	23. STREET ADDRESS	
CITY-ST-ZIP	WETHERSFIELD CT	24. CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUANG, FRANK S.	32. NAME	
STREET ADDRESS	38 STONEGATE DR.	33. STREET ADDRESS	
CITY-ST-ZIP	WETHERSFIELD CT	34. CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUANG, LILY L.	42. NAME	
STREET ADDRESS	38 STONEGATE DR.	43. STREET ADDRESS	
CITY-ST-ZIP	WETHERSFIELD CT	44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		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 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 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: *[Signature]* **Chuang, Pres.** 5/15/96 (86) 721-8372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)