


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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90056 027 \*\*\*150.00  
03-02-1999 90056 028 \*\*\*\*\*8.75

0001706

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34254**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1991

4. FEI Number

06-1035896

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 owes the current year Intangible  
Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHUANG, FRANK S.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CHUANG, LILY L.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	CHUANG, FRANK S.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CHUANG, LILY L.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 1999

Date

Daytime Phone #

CR2E034 (1/98)