

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087118 (3)

1. Corporation Name

LAS ASSOCIATES, INC.



Principal Place of Business

**6644 SOUTH GRANDE DRIVE
BOCA RATON FL 33433**

Mailing Address

**6644 SOUTH GRANDE DRIVE
BOCA RATON FL 33433**

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

08/11/1995

2. Principal Place of Business

21 **6458 PONOPPLE ROAD**

2a. Mailing Address

26 **P.O. BOX 2126**

4. FEI Number

65-0539510

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

22 City & State

23 **BOCA RATON FL.**

27 City & State

28 **BOCA RATON, FL.**

24 Zip

24 **33433**

Country

25 **FLA BEACH.**

29 Zip

29 **33427**

Country

30 **FLA BEACH**

9. Name and Address of Current Registered Agent

**SHAFER, LORRIE
6644 S GRANDE DR
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name **SHAFER, LORRIE**
82 Street Address (P.O. Box Number is Not Acceptable) **6458 PONOPPLE ROAD**
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Signature of the person who signed the report on behalf of the corporation

Name, Title, and Address of the person who signed the report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	SHAFER, LORRIE	6644 SOUTH GRANDE DR.	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6458 PONOPPLE ROAD	BOCA RATON, FL. 33433	<input type="checkbox"/>
				<input type="checkbox"/>

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: *Lorrie Shafer* LORRIE SHAFER 4/14/96 407-347-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)