

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 # **V36196** (6)

1. Corporation Name
LEAR ASSOCIATES, INC.



Principal Place of Business: **7332 NW 5TH ST PLANTATION FL 33317 US**
Mailing Address: **7332 NW 5TH ST PLANTATION FL 33317 US**

3. Date Incorporated or Qualified: **05/14/1992**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-3123961**
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

2. Principal Place of Business: **21 7344 NW 5th Street**
22. City & State: **23 PLANTATION, FLORIDA**
24. Zip: **24 33317**
25. Country: **25 US**
2a. Mailing Address: **26 7344 NW 5th Street**
27. City & State: **28 PLANTATION, FLORIDA**
29. Zip: **29 33317**
30. Country: **30 US**

9. Name and Address of Current Registered Agent
**GLASHEEN JOSEPH S
7332 NW 5TH ST
PLANTATION FL 33317**

10. Name and Address of New Registered Agent
81 Name: **Joseph S. Glasheen**
82 Street Address (P.O. Box Number is Not Acceptable): **7344 NW 5th Street**
83
84 City: **PLANTATION** FL 85 Zip Code: **33317**

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: **Joseph S. Glasheen** 3/22/96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PST GLASHEEN, JOSEPH	<input type="checkbox"/>
NAME	GLASHEEN, JOSEPH	
STREET ADDRESS	7332 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D GLASHEEN, JOSEPH	<input type="checkbox"/>
NAME	GLASHEEN, JOSEPH	
STREET ADDRESS	7332 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	GORDON W. MYERS		
1.3 STREET ADDRESS	7344 NW 5th St		
1.4 CITY-ST-ZIP	PLANTATION, FL 33317		
2.1 TITLE	PST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Joseph GLASHEEN		
2.3 STREET ADDRESS	7344 NW 5th Street		
2.4 CITY-ST-ZIP	PLANTATION, FL 33317		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Joseph Glasheen		
3.3 STREET ADDRESS	7344 NW 5th St		
3.4 CITY-ST-ZIP	PLANTATION, FL 33317		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: **Joseph S. Glasheen** 3/22/96 (954) 587-8280
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)