

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

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AND  
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1997 MAR 18 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V59254

(5)

1. Corporation Name

BCL ASSOCIATES, INC.

Principal Place of Business

224 BIRCHLAND AVE  
SPRINGFIELD MA 01119

Mailing Address

224 BIRCHLAND AVE  
SPRINGFIELD MA 01119-2711



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/21/1992

3a. Date of Last Report

08/07/1996

4. FEI Number

04-3243046

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

9. Name and Address of Current Registered Agent

BABACAS, SOCRATES T  
5109 NORTH CENTRAL AVENUE  
TAMPA FL 33603

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 ☐ DELETE

NAME DP  
STREET ADDRESS BABACAS, SOCRATES T  
CITY-ST-ZIP 224 BIRCHLAND AVE  
SPRINGFIELD MA

TITLE ☐ DELETE

NAME TS  
STREET ADDRESS GEORGE, WILLIAM  
CITY-ST-ZIP 54 ACREBROOK ROAD  
SPRINGFIELD MA

TITLE ☐ DELETE

NAME V  
STREET ADDRESS NICHOLAS J. BOURAS  
CITY-ST-ZIP 112 BEEKMAN RD.  
SUMMIT, NJ 07901

TITLE ☐ DELETE

NAME D  
STREET ADDRESS CRITTENDEN, EARL M.  
CITY-ST-ZIP 1023 PINAR DRIVE  
ORLANDO FL 32825

TITLE ☐ DELETE

NAME D  
STREET ADDRESS LANGLEY, ARTHUR EUGENEE  
CITY-ST-ZIP 6088 MASTERS BLVD.  
ORLANDO FL 32819

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

700002117937--2  
-03/19/97--01069--001

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

\*\*\*165.00 \*\*\*165.00

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

700002117937--2  
-03/19/97--01069--002

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

\*\*\*\*\*8.75 \*\*\*\*\*8.75

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*Sandra B. Mortham*

3-10-97

CR2E034 (9/96)