

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Mar 31 1998 8:00am  
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1992**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP  
BABACAS, SOCRATES T  
224 BIRCHLAND AVE  
SPRINGFIELD MA**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TS  
GEORGE, WILLIAM  
54 ACREBROOK ROAD  
SPRINGFIELD MA**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V  
BOURAS, NICHOLAS J  
112 BEEKMAN RD.  
SUMMIT NJ 07901**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D  
CRITTENDEN, EARL M.  
1023 PINAR DRIVE  
ORLANDO FL 32825**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**O  
LANGLEY, ARTHUR EUGENEE  
6088 MASTERS BLVD.  
ORLANDO FL 32819**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 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 in an attachment with an address.

SIGNATURE:

*Socrates T. Babacas*

**3-20-98**

CR2E034 (10/97)