

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10733 (4)

1. Corporation Name
CLAYTON, WILLIAMS & SHERWOOD, INC.



Principal Place of Business 800 NEWPORT CENTER DR., SUITE 400 NEWPORT BEACH CA 92660	Mailing Address 800 NEWPORT CENTER DR., SUITE 400 NEWPORT BEACH CA 92660-6386
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3. Date Incorporated or Qualified 07/10/1986	3a. Date of Last Report 05/30/1996
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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	4. FEI Number 95-3026466 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No
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9. Name and Address of Current Registered Agent

SHERWOOD, JOSEPH
2500 MAITLAND CENTER PARKWAY
SUITE #105
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCS	1.1 TITLE	
NAME	WILLIAMS, BYRON L.	1.2 NAME	
STREET ADDRESS	800 NEWPORT CENTER DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	1.4 CITY - ST - ZIP	
TITLE	PTD	2.1 TITLE	
NAME	SHERWOOD, STEVEN J.	2.2 NAME	
STREET ADDRESS	800 NEWPORT CENTER DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	SHERWOOD	3.2 NAME	
STREET ADDRESS	2500 MAITLAND CENTER PARKWAY #105	3.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	BRESLIN, SEAN	4.2 NAME	
STREET ADDRESS	800 NEWPORT CENTER DR., SUITE 400	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA 92660	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	
NAME	CARMELL, GARY C.	5.2 NAME	
STREET ADDRESS	800 NEWPORT CENTER DR., SUITE 400	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA 92660	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0502122

CR2E034 (9/96)