FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25579** **(4)**

1. Corporation Name
CLAYTON, WILLIAMS & SHERWOOD FINANCIAL GROUP 88, INC.

Principal Place of Business
800 NEWPORT CENTER DRIVE, SUITE 400
NEWPORT BEACH CA 92660

Mailing Address
800 NEWPORT CENTER DRIVE, SUITE 400
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/11/1989**
3a. Date of Last Report: **02/03/1994**
4. FEI Number: **33-0306772** — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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**

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

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 617.0502, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHERWOOD, STEVEN J.
STREET ADDRESS	800 NEWPORT CTR DR, #400
CITY-ST-ZIP	NEWPORT BEACH CA
TITLE	SD
NAME	WILLIAMS, BYRON L.
STREET ADDRESS	800 NEWPORT CTR DR, #400
CITY-ST-ZIP	NEWPORT BEACH CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, six blocks, blank)

14. I do hereby certify that the information supplied with this filing is true and accurate, furnished and 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 — DATE
(714) 640-4200 — DAYTIME PHONE #

0482332 FP