FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045844 (6)

1 Corporate Name

JEFF WILLIAMS CLU & ASSOCIATES, INC.

Mailing Address

3216 NW 84 AVE
SUNRISE FL 33351
US

Mailing Address

3126 NW 84 AVE
SUNRISE FL 33351
US

FOR OFFICE USE ONLY

3. Date of Incorporation or Qualification: 06/24/1993

3a. Date of Last Report: 04/11/1994

2 Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. # or Bldg.

22

Suite, Apt. # or Bldg.

27

City & State

23

City & State

28

Zip

24 25

Zip

29 30

4. FEI Number: 65-0422850 — 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. Does corporation have assets to disclose in excess of $100,000? Check Statute: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

WILLIAMS, JEFF
2536 CORAL SPRING DR.
CORAL SPRINGS FL

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 Section 607.0501(3) Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of Section 607.0501 Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

TITLE: PT
NAME: WILLIAMS, JEFF
ADDRESS: 3126 NW 84 AVE
CITY: SUNRISE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

1. TITLE / NAME / ADDRESS / CITY — [ ] Change [ ] Addition

2. TITLE / NAME / ADDRESS / CITY — [ ] Change [ ] Addition

3. TITLE / NAME / ADDRESS / CITY — [ ] Change [ ] Addition

4. TITLE / NAME / ADDRESS / CITY — [ ] Change [ ] Addition

5. TITLE / NAME / ADDRESS / CITY — [ ] Change [ ] Addition

6. TITLE / NAME / ADDRESS / CITY — [ ] Change [ ] Addition

14. I hereby certify that the information supplied with the report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature below constitutes my certification of the truth of the statements contained in the report. I further certify that my position or office with the corporation or the power of attorney authorized herein to sign the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or an attachment with an address.

SIGNATURE: Jeffrey S Williams, Pres 5/2/95 (407) 994-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone

0230526 CP