

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071977 (0)

1. Corporation Name
CLAYSOFT, INC.



Principal Place of Business

1268 CAMBERLY CT
HEATHROW FL 32746

Mailing Address

1268 CAMBERLY CT
HEATHROW FL 32746

3. Date Incorporated or Qualified
09/27/1994

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 1360 4TH ST.

26 1360 4TH ST.

4. FEI Number

59-3271655

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORANGE CITY, FL

28 ORANGE CITY, FL

Zip

Country

Zip

Country

24 32763

25 Volusia

29 32763

30 Volusia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABELES, DAVID E
5 W HIGHBANKS RD
DEBARY FL 32713

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	D	<input checked="" type="checkbox"/> DELETE
NAME	BJONERUD, S.R.	
STREET ADDRESS	1268 CAMBERLY CT	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, ED	
STREET ADDRESS	679 CRICKLEWOOD DR	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NASTE, MICHAEL	
STREET ADDRESS	508 DONALDSON DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABELES, DAVID	
STREET ADDRESS	5 W. HIGHBANKS ROAD	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHINELLI, JOHN	
STREET ADDRESS	1100 W. BLUE SPRING DR.	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAYTON, JOE	
STREET ADDRESS	1144 16TH STREET	
CITY-ST-ZIP	ORANGE CITY, FL 32763	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES M. DAVIS	
1.3 STREET ADDRESS	351 W. VIRGINIA AVE.	
1.4 CITY-ST-ZIP	ORANGE CITY, FL 32763	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)