FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
~~1997~~

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

DOCUMENT # P94000080398 (8)

Corporation Name
COLE W. CLAYTON & ASSOCIATES, INC.

Principal Place of Business
2250 LEE RD.
SUITE 206
WINTER PARK FL 32789

Mailing Address
2250 LEE RD.
SUITE 206
WINTER PARK FL 32789-7211

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

7 Date Incorporated or Qualified: 10/27/1994
8 Date of Last Report: 05/01/1996
9 FEI Number: 59-3270798
Applied For / Not Applied For
10 Certificate of Status Desired: [ ] $8.75 Additional Fee Required
[ ] $5.00 May Be Added to Fee
11 This corporation has liability for intangible tax under s. 199 Florida Statutes: [ ] Yes [X] No

Name and Address of Current Registered Agent

CLAYTON, COLE W
2250 LEE RD.
SUITE 206
WINTER PARK FL 32789

10 Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
FL
65 Zip Code

12 Pursuant to the provisions of Section 607.0401 and 607.1608, 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 (Required when changing registered agent or registered office address)

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D CLAYTON, COLE W 1190 N. PARK AVE. WINTER PARK FL 32789	[ ] DELETE
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11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	[ ] Change [ ]
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	[ ] Change [ ]
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	[ ] Change [ ]
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	[ ] Change [ ]
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	[ ] Change [ ] 563 [ ] Change [ ]
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	500002548985 -06/05/98--01070--030 ***150.00

13 I/We 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; 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 10 if changed, or on any attachment with an address.

SIGNATURE: C. W. Clayton 5/20/98 (407) 628 1775
NAME AND TITLE OF PERSON SIGNING (TYPE OR PRINT) — OFFICER OR DIRECTOR Date Daytime Phone #