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 # P95000025374 (6)

1. Corporation Name
CLACTON CORPORATION

Principal Place of Business
~~1550 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

Mailing Address
~~1550 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report:

4. FEI Number: 65-0580209 — [ ] 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 [X] No

2. Principal Place of Business
21 200 S. Orange Ave.
22 Suite, Apt. #, etc.:
23 City & State: Sarasota, FL
24 Zip: 34236
25 Country: USA

2a. Mailing Address
26 200 S. Orange Ave.
27 Suite, Apt. #, etc.:
28 City & State: Sarasota, FL
29 Zip: 34236
30 Country: USA

9. Name and Address of Current Registered Agent

HARTENSTINE, J. MICHAEL
~~1550 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave.
83
84 City: Sarasota FL
85 Zip Code: 34243

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] 4-16-96

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	DP	[ ] Change [X] Addition
1 NAME	HARTENSTINE, J.M.	
1 STREET ADDRESS	200 South Orange Avenue	
1 CITY-ST-ZIP	Sarasota, FL 34236	
2 TITLE	VTS	[ ] Change [X] Addition
2 NAME	GRIMES, MICHELE BOARDMAN	
2 STREET ADDRESS	200 South Orange Avenue	
2 CITY-ST-ZIP	Sarasota, FL 34236	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature] 4/16/96 941-366-4800

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