

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **644912** (8)
1. Corporation Name
CNL SECURITIES CORP.



Principal Place of Business: **400 E. SOUTH ST., #500 ORLANDO FL 32801-2878**
Mailing Address: **400 E. SOUTH ST., #500 ORLANDO FL 32801-2878**

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **29** **30**

2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent

**BOURNE, ROBERT A.
400 E. SOUTH ST.
SUITE 500
ORLANDO FL FL 32801**

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 607.0500 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SENEFF, JAMES M., JR.	
STREET ADDRESS	400 E. SOUTH ST., #500	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSE, LYNN E	
STREET ADDRESS	400 E. SOUTH ST., SUITE 500	
CITY - ST - ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HABICHT, KEVIN B.	
STREET ADDRESS	4700 E. SOUTH ST., #500	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCDUGALL, EDGAR	
STREET ADDRESS	400 E. SOUTH ST., SUITE 500	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HELMAN, JUDITH	
STREET ADDRESS	400 E. SOUTH ST., SUITE 500	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOFF, LARRY	
STREET ADDRESS	400 E. SOUTH ST., SUITE 500	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CDCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SENEFF, JAMES M JR	
13 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
14 CITY - ST - ZIP	ORLANDO, FL 32801	
21 TITLE	SCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROSE, LYNN E	
23 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
24 CITY - ST - ZIP	ORLANDO, FL 32801	
31 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BOURNE, ROBERT A	
33 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
34 CITY - ST - ZIP	ORLANDO, FL 32801	
41 TITLE	VCOO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	WALL, JEANNE A	
43 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
44 CITY - ST - ZIP	ORLANDO, FL 32801	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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(5)(a), 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 affidavit.

SIGNATURE: James M. Seneff, Jr. 3/13/96 (407) 422-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)