

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified

11/13/1979

3a. Date of Last Report

03/20/1996

4. FEI Number

59-2023934

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

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 607.0502 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CDCE  
SENEFF, JAMES M JR.  
400 EAST SOUTH STREET SUITE 500  
ORLANDO FL 32801

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SCFO  
ROSE, LYNN E  
400 EAST SOUTH STREET SUITE 500  
ORLANDO FL 32801

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
HABICHT, KEVIN B.  
4700 E. SOUTH ST., #500  
ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BOURNE, ROBERT A  
400 EAST SOUTH STREET SUITE 500  
ORLANDO FL 32801

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
HELMAN, JUDITH  
400 E. SOUTH ST., SUITE 500  
ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCOO  
WALL, JEANNE A  
400 EAST SOUTH STREET SUITE 500  
ORLANDO FL 32801

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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; 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 REQUIRED

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OF CORPORATION

Date 1/20/97 Daytime Phone #

CR2E034 (9/96)