

**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 Mailing Address  
**400 E. SOUTH ST., #500** **400 E. SOUTH ST., #500**  
**ORLANDO FL 32801-2878** **ORLANDO FL 32801-2878**

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 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

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: \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CDCE	<input type="checkbox"/> DELETE
NAME	SENEFF, JAMES M JR.	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	SCFO	<input type="checkbox"/> DELETE
NAME	ROSE, LYNN E	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HABICHT, KEVIN B.	
STREET ADDRESS	4700 E. SOUTH ST., #500	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOURNE, ROBERT A	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HELMAN, JUDITH	
STREET ADDRESS	400 E. SOUTH ST., SUITE 500	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VCOO	<input type="checkbox"/> DELETE
NAME	WALL, JEANNE A	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	
CITY - ST - ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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 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: \_\_\_\_\_ DATE: **1/20/97**

CR2E034 (9/96)