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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
11/13/1979
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ (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	ROLANDO FL 32801
TITLE	T <input checked="" 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	D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SENEFF, JAMES M., JR.
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 checked="" type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	FORE, BARBARA
3.4 CITY-ST-ZIP	400 E. SOUTH ST., SUITE 500 ORLANDO, FL 32801
4.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOURNE, ROBERT A.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EVP/COO
6.3 STREET ADDRESS	WALL, JEANNE A.
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: _____ **ROBERT A. BOURNE** 4/13/98 (407) 422-1574

Z 935 946 715 4/17/98

CR2E034 (10/97)