

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 20, 1996 08:00 AM
Secretary of State

DOCUMENT # 677851 (8)
1. Corporation Name
CNL GROUP, INC.



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

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

3. Date Incorporated or Qualified: **07/09/1980** 3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-2046903** 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

g. Name and Address of Current Registered Agent

**BOURNE, ROBERT A.
400 E SOUTH ST #500
ORLANDO 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
85 Zip Code: **FL**

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0915, Florida Statutes.

SIGNATURE

Signature of the person making the change: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PTD	1. TITLE	PT
NAME	BOURNE, ROBERT A.	1. NAME	BOURNE, ROBERT A
STREET ADDRESS	400 E. SOUTH ST. #500	1. STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY - ST - ZIP	ORLANDO FL	1. CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	CD	2. TITLE	CDCEO
NAME	SENEFF, JAMES M JR.	2. NAME	SENEFF, JAMES M JR
STREET ADDRESS	400 E SOUTH ST #500	2. STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY - ST - ZIP	ORLANDO FL	2. CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	S	3. TITLE	SCFO
NAME	ROSE, LYNN E.	3. NAME	ROSE, LYNN E
STREET ADDRESS	400 E. SOUTH ST. #500	3. STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY - ST - ZIP	ORLANDO FL	3. CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	V	4. TITLE	
NAME	MCDUGALL, EDWARD	4. NAME	
STREET ADDRESS	400 E. SOUTH ST. #500	4. STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4. CITY - ST - ZIP	
TITLE	D	5. TITLE	
NAME	SENEFF, DAYLE	5. NAME	
STREET ADDRESS	400 E. SOUTH ST. #500	5. STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5. CITY - ST - ZIP	
TITLE		6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY - ST - ZIP		6. CITY - ST - ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition

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)(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 registrar 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 deleted, or on an attachment with an affidavit.

SIGNATURE:

Robert A. Bourne

Robert A. Bourne

3/13/96

(407) 422-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)