

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000080012 (6)**  
1. Corporation Name  
**CNL-BB CORP.**



Principal Place of Business  
**400 E SOUTH STREET  
SUITE 500  
ORLANDO FL 32801**

Mailing Address  
**400 E SOUTH STREET  
SUITE 500  
ORLANDO FL 32801**

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified **11/19/1993** 3a. Date of Last Report **04/03/1995**

4. FLE Number **59-3210016** 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

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS                   | CITY-STATE-ZIP | DELETE                   |
|-------|--------------------|----------------------------------|----------------|--------------------------|
| CD    | SENEFF, JAMES M. J | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO FL     | <input type="checkbox"/> |
| PTD   | BOURNE, ROBERT A.  | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO FL     | <input type="checkbox"/> |
| S     | ROSE, LYNN E.      | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO FL     | <input type="checkbox"/> |
|       |                    |                                  |                | <input type="checkbox"/> |
|       |                    |                                  |                | <input type="checkbox"/> |
|       |                    |                                  |                | <input type="checkbox"/> |
|       |                    |                                  |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|----------------|--------------------------|--------------------------|--------------------------|
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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 provided, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. BOURNE 3/13/96

(407) 422-1575

CR2E034 (12/95)