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

4/13/98

2935946626

Block 12 or Block 13 if changed, or on an attachmen

with an address

Apr 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 419203 (5) CNL PROPERTIES, INC. Principal Place of Business Mailing Address 400 E. SOUTH ST.#500 400 E. SOUTH \$1.#500 ORLANDO FL 32801 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1973 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 21 26 59-1680224 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζιρ Country Country 8. This corporation owes or has paid the current year Intangible Yes X No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BOURNE, ROBERT A 400 E SOUTH ST #500 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City 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 trin if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change CD TITLE 1.1 TITLE SENEFF, JAMES M. JR. NAME 1.2 NAME 400 E SOUTH ST #500 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ROSE, LYNN E. 2.2 NAME 400 E. SOUTH ST.,#500 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TEFLE 3.1 TITLE BOURNE, ROBERT A. NAME 3.2 NAME 400 E. SOUTH ST.,#500 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME RALSTON, GARY M 4. 2 NAME 400 E. SOUTH ST., SUITE 500 STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

4/7/98 (407) 422-1574