

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

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 # F95000003627 (5)
 1. Corporation Name
CNL AMERICAN PROPERTIES FUND, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801		400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801	
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	29 Zip	30 Country

3. Date Incorporated or Qualified	07/27/1995	
4. FEI Number	59-3239115	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	CEOD	<input type="checkbox"/> DELETE
NAME	SENEFF, JAMES M JR	
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	WALL, JEANNE A	
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROSE, LYNN E	
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL	
TITLE	COOV	<input type="checkbox"/> DELETE
NAME	WALKER, JOHN E	
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	C JAMES M. SENEFF, JR.
2.3 STREET ADDRESS	400 E. SOUTH ST., SUITE 500
2.4 CITY-ST-ZIP	ORLANDO, FL 32801
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WALKER, JOHN T.
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 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*

3/18/98 (407) 422-1574

2 935 946 715 4/17/98

CR2E034 (10/97)