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

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003627

1. Corporation Name

Principal Place of Business

CNL AMERICAN PROPERTIES FUND, INC.

400 EAST SOUT SUITE 500 ORLANDO FL 33		400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801					DO NOT WRITE IN THIS SPACE					
						3	 Date Incorpor 07/27/199! 					
2. Principal Pl	ace of Business	2a. Mailing Ad	ldress			- 4	4. FEI Number			[Applied For	
21		26				ļ	59-323911	5			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of S	Status Desired			5 Additional Required	
22	•	27										
City & State	•	— ·	City & State			•	Election Cam Trust Fund Cam			•	0 May Be d to Fees	
23 Zip	Country	Zip		Country			8. This corporati		rent year Inta			
24	25	29	30]		'	Personal Proj			X Yes	□No	
1	9. Name and Address of Currer	nt Registered Ager	it			10	0. Name and A	ddress of New	Registered /	Agent		
			-	81	Name							
-	Corporation System South Pine Island Road					Address	dress (P.O. Box Number is Not Acceptable)					
	ITATION FL 33324											
				83						····		
				84	City				FL	85 Z	ip Code	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligation	of Florida, Such ch	ande was autho	onzea ov	the con	l corporati oration's	ion submits this board of director	statement for the	e purpose of pt the appoir	changing ntment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Reg	istered Agen	t signature	required wher			DATE			
12.	OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/C	HANGES TO OF	FICERS AN			
TITLE	PD	1	DELETE	1,1 TITLE		D/VC	C			XI Chang	ge 🔲 Addition	
NAME	BOURNE, ROBERT A			1.2 NAME		ļ ·				•		
STREET ADDRESS	400 EAST SOUTH STREET, SU	JITE 500		1.3 STREET	ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32801			1.4 CITY-S	r-zip	<u></u>						
TITLE	C		DELETE	2.1 TITLE		D/C	/CEO			X Chang	ge	
NAME	SENEFF, JR JAMES M			2.2 NAME								
STREET ADDRESS	400 E SOUTH STREET, STE 5	00		2.3 STREET	ADDRESS	:						
CITY-ST-ZIP	ORLANDO FL 32801			2.4 CITY-S	T-ZIP							
TITLE	EV		DELETE	3.1 TITLE						Chang	ge 🔲 Addition	
NAME	WALL, JEANNE A			3.2 NAME								
STREET ADDRESS	400 EAST SOUTH STREET, SU	JITE 500		3.3 STREET	ADDRESS	;						
CITY-ST-ZIP	ORLANDO FL 32801			3.4. CITY- S	T-ZIP	<u></u>					·	
TITLE	ST		DELETE	4.1 TITLE		S				X] Chan	ge 🔲 Addition	
NAME	ROSE, LYNN E			4.2 NAME								
STREET ADDRESS	400 EAST SOUTH STREET, SI	JITE 500		4.3 STREET	ADDRESS	;						
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-S	T-ZIP					_,		
TITLE	COOV		DELETE	5.1 TITLE						☐ Chan	ge 🛗 Addition	
NAME	WALKER, JOHN T			5.2 NAME								
STREET ADDRESS	400 EAST SOUTH STREET, SI	JITE 500		5.3 STREE	ADDRESS	6						
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-S	T-ZIP	<u> </u>						
TITLE			DELETE	6.1 TITLE		P				Chan	ge 🖄 Addition	
NAME				6.2 NAME		McWi	illiams,	Curtis B	•			
STREET ADORESS				6.3 STREE	TADDRESS		E. South					

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 charged, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

April 7, 1999 407-650-1000

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90210 020 ***150.00