

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

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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004230 (6)

1. Corporation Name
ORLANDO GP, INC.



Principal Place of Business
C/O DONALDSON LUFKIN & JENNRETTE
277 PARK AVE.
NEW YORK NY 10172

Mailing Address
C/O DONALDSON LUFKIN & JENNRETTE
277 PARK AVE.
NEW YORK NY 10172-0003

3. Date Incorporated or Qualified 06/19/1996 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-3901271		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	DELETE <input type="checkbox"/>		1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	DODES, IV B			1.2 NAME			
STREET ADDRESS	277 PARK AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10172			1.4 CITY-ST-ZIP			
TITLE	ST	DELETE <input type="checkbox"/>		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	SEIGLER, THOMAS E			2.2 NAME			
STREET ADDRESS	277 PARK AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10172			2.4 CITY-ST-ZIP			
TITLE	DC	DELETE <input type="checkbox"/>		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	JAMES, HAMILTON E			3.2 NAME			
STREET ADDRESS	277 PARK AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10172			3.4 CITY-ST-ZIP			
TITLE	DC	DELETE <input checked="" type="checkbox"/>		4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
NAME	ROITER, JAMES W			4.2 NAME	DC		
STREET ADDRESS	277 PARK AVE.			4.3 STREET ADDRESS	WEIL, DAVID R.		
CITY-ST-ZIP	NEW YORK NY 10172			4.4 CITY-ST-ZIP	277 PARK AVENUE		
TITLE	D	DELETE <input checked="" type="checkbox"/>		5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
NAME	DADDINO, ANTHONY W			5.2 NAME	D		
STREET ADDRESS	277 PARK AVE.			5.3 STREET ADDRESS	HASSEM, NEIL N.		
CITY-ST-ZIP	NEW YORK NY 10172			5.4 CITY-ST-ZIP	277 PARK AVENUE NEW YORK, NY 10172		
TITLE	D	DELETE <input type="checkbox"/>		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	SHOLEM, BARRY A			6.2 NAME			
STREET ADDRESS	277 PARK AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10172			6.4 CITY-ST-ZIP			

14. I do 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: *Thomas E. Siegler* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Siegler 1/16/97 (212)892-4939

Date Daytime Phone #

CR2E034 (9/96)