

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

FILED

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

3. Date Incorporated or Qualified: 06/19/1996
3a. Date of Last Report
4. FEI Number: 13-3901271
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, 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
85. Zip Code: FL

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DODES, IVY B	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SEIGLER, THOMAS E	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	JAMES, HAMILTON E	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ROITER, JAMES W	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DADDINO, ANTHONY W	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOLEM, BARRY A	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	DC WEIL, DAVID R.
4.3 STREET ADDRESS	277 PARK AVENUE
4.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10172
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D HASSEM, NEIL N.
5.3 STREET ADDRESS	277 PARK AVENUE
5.4 CITY-ST-ZIP	NEW YORK, NY 10172
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 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 Thomas E. Siegler 1/16/97 (212)892-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)