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95 MAY -1 AM 9:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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DO NOT WRITE IN THIS SPACE**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L27066 (4)
1. Corporation Name
CNL EQUITY CORP.

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		3. Date Incorporated or Qualified 11/02/1989		3a. Date of Last Report 04/29/1994	
21		26		4. FEI Number 58-2875513		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	7. This corporation has liability for intangible tax under C. 199.030, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOURNE, ROBERT A 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	B5	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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF, JAMES M., JR.	1.2 NAME	SENEFF, JAMES M. JR.
STREET ADDRESS	400 E. SOUTH ST., #500	1.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	ORLANDO, FLORIDA 32801
TITLE	DST	2.1 TITLE	P/D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE, ROBERT A.	2.2 NAME	BOURNE, ROBERT A.
STREET ADDRESS	400 E. SOUTH ST., #500	2.3 STREET ADDRESS	400 E. SOUTH STREET, SUITE 500
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	ORLANDO, FL 32801
TITLE		3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROSE, LYNN E.
STREET ADDRESS		3.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY ST ZIP		3.4 CITY ST ZIP	ORLANDO, FLORIDA 32801
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: _____ **ROBERT A. BOURNE** **04/01/95** **407 422-1574**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

5/1/95 M8