

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M65790** (1)

1. Corporation Name
AMC ORLANDO, INC.



Principal Place of Business: **231 PEACHTREE STR STE 200 ATLANTA GA 30303 US**
Mailing Address: **ATTN: LEGAL DEPT 231 PEACHTREE STR. STE 200 ATLANTA GA 30303 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional entries.

3. Date Incorporated or Qualified: **01/26/1988**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **58-1774202**
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 fields for Officer/Director and Registered Agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: PORTMAN, JOHN C., JR.	TITLE:	NAME: President and Director
STREET ADDRESS: 5195 NORTHSIDE DRIVE	CITY-STATE-ZIP: ATLANTA GA	12 NAME:	13 STREET ADDRESS: 231 Peachtree St., NE, Suite 200
TITLE: PD	NAME: PORTMAN, JOHN C III	14 CITY-STATE-ZIP: Atlanta, GA 30303	14 CITY-STATE-ZIP:
STREET ADDRESS: 231 PEACHTREE STR NE	CITY-STATE-ZIP: ATLANTA GA	21 TITLE:	22 NAME: Vice President & Director
TITLE: VPD	NAME: RYAN, JOHN M	23 STREET ADDRESS: 231 Peachtree St., NE, Suite 200	24 CITY-STATE-ZIP: Atlanta, GA 30303
STREET ADDRESS: 231 PEACHTREE ST., N.E.	CITY-STATE-ZIP: ATLANTA GA	31 TITLE:	32 NAME: Vice President
TITLE: S	NAME: KAMIN, NEAL M.	33 STREET ADDRESS: 231 Peachtree St., NE, Suite 200	34 CITY-STATE-ZIP: Atlanta, GA 30303
STREET ADDRESS: 231 PEACHTREE ST NE	CITY-STATE-ZIP: ATLANTA GA	41 TITLE:	42 NAME: Secretary and Director
TITLE: T	NAME: RYAN, JOHN M	43 STREET ADDRESS: 231 Peachtree St., NE, Suite 200	44 CITY-STATE-ZIP: Atlanta, GA 30303
STREET ADDRESS: 231 PEACHTREE ST., N.E.	CITY-STATE-ZIP: ATLANTA GA	51 TITLE:	52 NAME: Treasurer
TITLE:	NAME:	53 STREET ADDRESS: 231 Peachtree St., NE, Suite 200	54 CITY-STATE-ZIP: Atlanta, GA 30303
STREET ADDRESS:	CITY-STATE-ZIP:	61 TITLE:	62 NAME:
CITY-STATE-ZIP:		63 STREET ADDRESS:	64 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-State-Zip, and Change/Addition checkboxes for each officer/director listed in Block 12.

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 119.07(3)(k), 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 or person in power 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996 404-614-6264

CR2E034 (12/95)