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Mar 27 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 # 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

3. Date Incorporated or Qualified 01/26/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1774202	Applied For Not Applicable
5. State of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 303 Peachtree St., NE

Suite, Apt. #, etc.
22 Suite 4600

City & State

23 Atlanta, GA 30308

Zip

24 30308

Country

25 USA

2a. Mailing Address

26 Attn: Legal Dept.

Suite, Apt. #, etc.

27 303 Peachtree St., NE, Ste 4600

City & State

28 Atlanta, GA 30308

Zip

29 30308

Country

30 USA

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 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 of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PORTMAN, MICHAEL W.
STREET ADDRESS 231 PEACHTREE ST. NE, SUITE 200
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE VPD
NAME PORTMAN, JOHN C III
STREET ADDRESS 231 PEACHTREE ST. NE, SUITE 200
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE VP
NAME MACWEN, BRUCE W.
STREET ADDRESS 231 PEACHTREE ST. NE, SUITE 200
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE SD
NAME KAMIN, NEAL M.
STREET ADDRESS 231 PEACHTREE ST. NE, SUITE 200
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE T
NAME LAGRONE, RUSSELL S.
STREET ADDRESS 231 PEACHTREE ST. NE, SUITE 200
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 as an attachment with an address.

SIGNATURE:

Neal M. Kamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 404, 614-5264
Date Daytime Phone #

CR2E034 (9/96)