

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P39590** (5)
1. Corporation Name
RANK ORLANDO II, INC.

Principal Place of Business FIVE CONCOURSE PARKWAY, #2400 ATLANTA GA 30328	Mailing Address FIVE CONCOURSE PKWY, #2400 ATTN: L. JONES ATLANTA GA 30328
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/10/1992	
		4. FEI Number 58-2001198		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, JOHN H.		1.2 NAME		
STREET ADDRESS	FIVE CONCOURSE PKWY, 2400		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOODWIN, STEVEN		2.2 NAME		
STREET ADDRESS	6 CONNAUGHT PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ENGLAND		2.4 CITY-ST-ZIP		
TITLE	SDV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, LESLIE O		3.2 NAME		
STREET ADDRESS	FIVE CONCOURSE PARKWAY, #2400		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELANEY, THOMAS G.		4.2 NAME		
STREET ADDRESS	FIVE CONCOURSE PKWY, 2400		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNBULL, NIGEL V.		5.2 NAME		
STREET ADDRESS	6 CONNAUGHT PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ENGLAND		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YATES, DOUGLAS		6.2 NAME		
STREET ADDRESS	6 CONNAUGHT PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON EN		6.4 CITY-ST-ZIP		

14. I 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: *Leslie O Jones* 2/6/98 7703926705

CP2E034 (10/97)