

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:32

DOCUMENT # **P94000001589 (8)**

1. Corporation Name
CNL EQUIPMENT COMPANY

Principal Place of Business Mailing Address
400 EAST SOUTH STREET **400 EAST SOUTH STREET**
STE. 500 **STE. 500**
ORLANDO FL 32801 **ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/07/1984

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3216625		Net Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24		29					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOURNE, ROBERT A 400 EAST SOUTH STREET STE. 500 ORLANDO FL 32801				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF, JAMES M JR.	12. NAME	Seneff, James, M., Jr.
STREET ADDRESS	400 E. SOUTH STREET STE. 500	13. STREET ADDRESS	400 E. South Street, Suite 500
CITY - ST - ZIP	ORLANDO FL 32801	14. CITY - ST - ZIP	Orlando, FL 32801
TITLE	D	2. TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE, ROBERT A JR.	22. NAME	Bourne, Robert A.
STREET ADDRESS	400 E. SOUTH STREET STE. 500	23. STREET ADDRESS	400 E. South Street, Suite 500
CITY - ST - ZIP	ORLANDO FL 32801	24. CITY - ST - ZIP	Orlando, FL 32801
TITLE		3. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	Murphy, Ronald
STREET ADDRESS		33. STREET ADDRESS	400 E. South Street, Suite 500
CITY - ST - ZIP		34. CITY - ST - ZIP	Orlando, FL 32801
TITLE		4. TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	Rose, Lynn E.
STREET ADDRESS		43. STREET ADDRESS	400 E. South Street, Suite 500
CITY - ST - ZIP		44. CITY - ST - ZIP	Orlando, FL 32801
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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)(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 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: Robert A. Bourne **Robert A. Bourne** 03/01/95 (407) 422-1574
Signature and typed or printed name of signing officer or director Date Telephone Number