

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000077734 (8)

1. Corporation Name

~~CNL FINANCIAL CORP.~~ CNL FINANCIAL SERVICES, INC.

Principal Place of Business

400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

Mailing Address

400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1995		3a. Date of Last Report	
21		26		4. FEI Number 59-3341752		Applied For Not 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		10. Name and Address of New Registered Agent			
Zip	Country	29	30	81 Name			
24		25		82 Street Address (P.O. Box Number is Not Acceptable)			
9. Name and Address of Current Registered Agent				83			
BOURNE, ROBERT A 400 EAST SOUTH ST., STE. 500 ORLANDO FL 32801				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 removing.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/CEO
NAME	SENEFF, JAMES M. JR.	1.2 NAME	SENEFF, JAMES M. JR.
STREET ADDRESS	400 EAST SOUTH ST., STE. 500	1.3 STREET ADDRESS	400 E. SOUTH STREET, SUITE 500
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D	2.1 TITLE	D/P/T
NAME	BOURNE, ROBERT A	2.2 NAME	BOURNE, ROBERT A.
STREET ADDRESS	400 EAST SOUTH ST., STE. 500	2.3 STREET ADDRESS	400 E. SOUTH STREET, SUITE 500
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	ORLANDO, FL. 32801
TITLE		3.1 TITLE	EVP
NAME		3.2 NAME	McDOUGALL, ED
STREET ADDRESS		3.3 STREET ADDRESS	400 E. SOUTH STREET, SUITE 500
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE		4.1 TITLE	S
NAME		4.2 NAME	ROSE, LYNN E.
STREET ADDRESS		4.3 STREET ADDRESS	400 E. SOUTH STREET, SUITE 500
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32801
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. BOURNE

4/8/96

(407) 422-1575

CR2E034 (12/95)