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Mar 10 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 # **P95000077734 (8)**

1. Corporation Name

CNL FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

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

**400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801-2878**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3341752

Applied For

Not Applicable

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. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOURNE, ROBERT A
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DCEO** ☐ DELETE

NAME **SENEFF, JAMES M JR.**
STREET ADDRESS **400 EAST SOUTH ST., STE. 500**
CITY-ST-ZIP **ORLANDO FL 32801**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DPT** ☐ DELETE

NAME **BOURNE, ROBERT A**
STREET ADDRESS **400 EAST SOUTH ST., STE. 500**
CITY-ST-ZIP **ORLANDO FL 32801**

2.1 TITLE ☐ Change ☐ Addition

TITLE **EVP** ☐ DELETE

NAME **MCDUGALL, ED**
STREET ADDRESS **400 EAST SOUTH ST., STE. 500**
CITY-ST-ZIP **ORLANDO FL 32801**

3.1 TITLE ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **ROSE, LYNN E**
STREET ADDRESS **400 EAST SOUTH ST., STE. 500**
CITY-ST-ZIP **ORLANDO FL 32801**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

1/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 4

CR2E034 (9/96)