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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

400 EAST SOUTH ST., STE. 500

DOCUMENT # P95000077734 (8)

Mailing Address

400 EAST SOUTH ST., STE. 500

on an attachment with an address.

CNL FINANCIAL SERVICES, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE:

ORLANDO FL 32801-2878 ORLANDO FL 32801 3. Date incorporated or Qualified. 3a. Date of Last Report 10/10/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 26 59-3341752 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Γ Trust Fund Contribution 28 Added to Fees Country Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOURNE, ROBERT A 400 EAST SOUTH ST., STE. 500 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 5 gratum. Typed or primed name of registered agent and life Lapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE MLE 1.1 TITLE Change DCEO NAME SENEFF, JAMES M JR. 1.2 NAME 400 EAST SOUTH ST., STE. 500 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 CITY - ST - ZIP 1.4 CITY - ST - ZIP \_\_ DELETE Addition THUE DPT Channe 2.1 TiTLE BOURNE, ROBERT A NAME 2.2 NAME 400 EAST SOUTH ST., STE. 500 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-7/P 2. 4 CITY - ST- ZIP DELETE Change TITLE EVP 3.1 TITLE ☐ Addition MCDOUGALL, ED 3.2 NAME 400 EAST SOUTH ST., STE. 500 STREET ADORESS 3.3 STREET ADDRESS ORLANDO FL 32801 CHTY-S1-ZiF 3.4. CITY-ST-ZIP DELETE 7-TLE Change \_\_\_ Addition 4.1 TITLE ROSE, LYNN E NAME **4.2 NAME** 400 EAST SOUTH ST., STE. 500 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP ORLANDO FL 32801 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** CITY- ST-ZIP 6.4 CITY-\$T-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