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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000077734

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, 50 Orlando FL 32801			

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90210 029 \*\*\*150.00



400 EAST SOUTH ST., STE. 500       400 EAST SOUTH ST., STE. 500         ORLANDO FL 32801       ORLANDO FL 32801		DO NOT WRITE IN THIS SF	PACE					
					3. Date Incorporated or Qualifed 10/10/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	$\rightarrow$	Applied For	
21		26			<u>59-3341752</u>		lot Applicable	
Suite, Apt. 3	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>*</b>	Additional Required	
City & State	•	City & State			Election Campaign Financing     Trust Fund Contribution	•	May Be I to Fees	
Zip 24	Country 25	Zip 30	Country		Tersonal Troporty Tax:	Yes	□No	
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New Registered Ag	jent		
DOI!	DNE DOBERT A		81	Name				
400 EAST SOUTH ST., STE. 500			82	82 Street Address (P.O. Box Number is Not Acceptable)				
ORLA	NDO FL 32801		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								
0.0.0.0.0	Signature, typed or printed name of registered ager		_	nt signature re	equired when reinstating) OATE	DIDECT	CODE IN 12	
12.	OFFICERS AN	D DIRECTORS  ☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	DCCE	□ nere is	1.1 TITLE			0090	, , , , , , , , , , , , , , , , , , , ,	
NAME	SENEFF, JAMES M JR.	ın.	1.2 NAME	T ADDRESS				
STREET ADDRESS	400 EAST SOUTH ST., STE. 50 ORLANDO FL 32801	IU						
CITY-ST-ZIP	VC	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-212		Change	Addition	
NAME T	BOURNE, ROBERT A		2.2 NAME					
STREET ADDRESS	400 EAST SOUTH ST., STE. 50	M		T ADDRES\$				
CITY-ST-ZIP	ORLANDO FL 32801	.•	2.4 CITY-5					
TITLE	EVP	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	MCDOUGALL. ED		3.2 NAME					
STREET ADDRESS	400 EAST SOUTH ST., STE. 50	10	3.3 STREE	TADORESS				
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY-5	ST-ZIP				
TITLE	S	☐ DELETE	4.1 TITLE	ĺ		Change	e Addition	
NAME	ROSE, LYNN E		4.2 NAME					
STREET ADDRESS	400 EAST SOUTH ST., STE. 50	0	4.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY - S	T-ZIP		-St a.		
TITLE	P		5.1 TITLE		D/P	[X Change	e Addition	
NAME	MCWILLIAMS, CURTIS B		5.2 NAME		,			
STREET ADDRESS	400 E SOUTH ST, SUITE 500		E .	T ADDRESS			-	
C/TY-ST-ZIP	ORLANDO FL 32801		5.4 CITY - S 6.1 TITLE	ST-ZIP		7 Change	e Addition	
TITLE	1	☐ DELETE	6.1 RILE		·V/T	ZI Criange	2 CT MORROR	
NAME .	MOORHAD, HENRY			TABBATAA	Moorehead, Henry E. 400 E. South Street #500			
STREET ADDRESS	400 E SOUTH ST, SUITE 500		6.3 STREE	TADDRESS	400 E. South Street #500			

ORLANDO FL 32801

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 or an attachment with an address with all other like empowered. CITY-ST-ZIP

SIGNATURE: