

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

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V65010 (3)

1. Corporation Name
CNL RESTAURANTS III, INC.



Principal Place of Business 400 E SOUTH ST SUITE 500 ORLANDO FL 32801	Mailing Address 400 E SOUTH ST SUITE 500 ORLANDO FL 32801-2678
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/18/1992	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEE Number *CORP-5-59-3370368	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOURNE, ROBERT A 400 E. SOUTH STREET SUITE 500 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DCED	NAME SENEFF, JAMES M JR	1.1 TITLE DCEO	NAME SENEFF, JAMES M JR
STREET ADDRESS 400 E SOUTH ST STE 500	CITY-ST-ZIP ORLANDO FL 32801	1.3 STREET ADDRESS 400 E SOUTH ST STE 500	CITY-ST-ZIP ORLANDO FL 32801
TITLE DPT	NAME BOURNE, ROBERT A	2.1 TITLE	NAME
STREET ADDRESS 400 E SOUTH ST STE 500	CITY-ST-ZIP ORLANDO FL 32801	2.3 STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME ROSE, LYNN E	3.1 TITLE	NAME
STREET ADDRESS 400 E SOUTH ST STE 500	CITY-ST-ZIP ORLANDO FL 32801	3.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	CITY-ST-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPE IN PRINT OF SIGNING OFFICER OR DIRECTOR
ROBERT A. BOURNE

1/20/97

Date Daytime Phone #

CR2E034 (9/96)