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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H54397** **(5)**

1. Corporation Name
CHANNING CORPORATION XVII

Principal Place of Business	Mailing Address
11 VIA VERONA PALM BCH GRDNS FL 33418 US	11 VIA VERONA PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4214 NW 60Th Drive	26 4214 NW 60Th Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boca Raton, FL	28 City & State: Boca Raton FL
24 Zip: 33496 25 County: Plm Bch	29 Zip: 33496 30 County: Plm Bch

4. FEI Number: 59-2530731 ☐ 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
CHANNING, JOEL 11 VIA VERONA PALM BEACH GARDENS FL 33418	81 Name: CHANNING, Joel 82 Street Address (P.O. Box Number is Not Acceptable): 4214 NW 60Th Drive 83 84 City: Boca Raton FL 85 Zip Code: 33496

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE	PD	☑ Change ☐ Addition
NAME	CHANNING, JOEL	1 2 NAME	CHANNING, Joel	
STREET ADDRESS	11 VIA VERONA	1 3 STREET ADDRESS	4214 NW 60Th	
CITY ST ZIP	PALM BCH GARDENS FL	1 4 CITY ST ZIP	Boca Raton, FL 33496	
TITLE	VSTD	2 1 TITLE	VSTD	☑ Change ☐ Addition
NAME	CHANNING, JON	2 2 NAME	CHANNING, JON	
STREET ADDRESS	11 VIA VERONA	2 3 STREET ADDRESS	4214 NW 60Th Drive	
CITY ST ZIP	PALM BCH GARDENS FL	2 4 CITY ST ZIP	Boca Raton, FL 33496	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
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 — Date — Telephone Number #

0202202 CP