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 # P93000028415 1. Corporation Name

ALEX CHANNING INCORPORATED

3841	NORTH	EAST	SECOND	AVENUE
#302				

Principal Place of Business

3841 NORTH EAST SECOND AVENUE

Mailing Address

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90018 040 ***150.00



MIAMI FL 33137-3639 3- MIAMI FL 33137-3639					DO NOT WRITE IN THIS SPACE			
K 1					3. Date Incorporated or Qualifed			
	€ - 3				04/19/1993	ì		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied	For		
21		26			65-0408083 Not App	licable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Addition	,		
27		27			5. Certificate of Status Desired Fee Require	d		
City & State City & State		City & State	te		6. Election Campaign Financing \$5.00 May	Ве		
28		28			Trust Fund Contribution Added to Fee	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Counti	У	8. This corporation owes the current year Intangible			
24	25	29 3)		Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent	-		10. Name and Address of New Registered Agent			
CIA	ANNING ALEV	•	8	1 Name	•			
CHANNING, ALEX			82 Street Add		Idress (P.O. Box Number is Not Acceptable).			
11335 NORTH POINT DRIVE			<u> </u>		1616 MICHIGAN AVENUE			
7000	OPER CITY FL 33020		^[83] # 7		坐 フ			
1.	W 11		. 8	1 City	MIANU BOACH FL 85 Zin Code	39		
11. Pursuant	to the provisions of Sections 697.050	2 and 607.1508, Florida Statutes	the abo	ie-named	d corporation submits this statement for the purpose of changing its regis	tered		
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	orized b	y the corp s	poration's board of directors. I hereby accept the appointment as register	ed .		
	III familiai with, and accept the boliga	ALET	14	 4NN/N	NC 3/29/95			
SIGNATURE	Signature, typed or prints maple of registered ager	, ,	U		required when reinstating) DATE	}		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	P	☐ DELETE	1.1 TITLE		X Change □	Addition		
NAME	CHANNING, ALEX		1.2 NAME		and the state of the state of			
STREET ADDRESS	11335-NORTH POINT DRIVE		1.3 STRE	ET ADDRESS	1616 MILNIGAN AVENUE			
CITY-ST-ZIP	- COOPER CITY FL-33028		1.4 CITY-	ST-ZIP	MIAMI BUACH, FL 33/39			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition		
NAME			2.2 NAME					
STREET ADDRESS	- 18		2.3 STRE	ET ADDRESS	5	1		
CITY-ST-ZIP			2. 4 CITY	ST-ZIP				
TITLE		□ DELETE	3.1 TITLE		☐ Change	Addition		
NAME		•	3.2 NAME			- '		
STREET ADDRESS			3.3 STRE	ET ADDRESS	· ·	}		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐	Addition		
NAME			4. 2 NAME	Ē		}		
STREET ADDRESS			4.3 STRE	TADDRESS	3	Ì		
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS	5			
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-	ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	Addition		
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS				ET ADDRESS	· ·			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

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 appear 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 frastee 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 efficient with an address, with all other like empowered.

TUBE AN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

*305 576 235*0