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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022161 (1)

CHANNING CORPORATION XXIV

Principal Place of Business Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



S. Principal Piper: of Rubinists	4214 NW BOTH BOCA RATON US		4214 NW 60TH DRIVE BOCA RATON FL 33496- US	4010		Date Incorporated or Qualified	3a. Date	of Last F	Report
2. Mining address 2a. Maling address 5. Country 55.00 M87159 No. 12									iopoit
Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc. Solic April 6, etc.	2. Principal Place of Business 28. Mailing Address						Applied For		
Silicy AS State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & City & State City & Sta	21		26			65-0487159		No	ot Applicable
Country 28 States 28 Country 28 C	Suite, Apt	#, etc	<u>├</u> ~			5. Certificate of Status Desired			
Second Composition of Sections 607 0502 and 607 1508 Florida Statutes Similar Address of Current Registered Agent 10. Name and Address of New Registered Agent	City & Stat	le	·			, , , , , , , , , , , , , , , , , , , ,			
COBER CORPORATE AGENTS INC. 201 SO. BAYSHORE DR., 19TH FL. 19TH FLOOR MIAMI FL 33133 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 87 87 88 88 89 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 reduction of the purpose of changing its reduction in the class of the purpose of changing its reduction in the class of the purpose of changing its reduction in the class of the purpose of changing its reduction in the class of the purpose of changing its reduction in the class of the purpose of changing its reduction in the class of the purpose of changing its reduction in the class of the purpose of changing its reduction. The purpose of changing its reduction in the class of the purpose of changing its reduction. The purpose of changing its reduction in the corporation in the corporation is board of purpose of the purpose of the purpose of the purpose of		25	29		У	Florida Statutes	Yes 🔲	No	s. 199 .032,
201 SD. BAYSHORE DR., 19TH FL. 19TH FLOOR MIAMI FL 33133 84 City FL 85 Zp Cod 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 reagent 1 am fermiliar with, and accept the obligations of Socions 607 0506 for or registered agent, or bolft, in the State of Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its reagent 1 am fermiliar with, and accept the obligations of Socions 607 0505, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS in 1.2 NAME 13. STREET ADDRESS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS in 1.2 NAME 13. STREET ADDRESS 13. STREET ADDRESS 14. CON-SEL2P 13. STREET ADDRESS 14. CON-SEL2P 14. CON-SEL2P 15. CHANNING, JON H. 22. STREET ADDRESS 16. STREET ADDRESS 17. SEL2P 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS in 1.2 NAME 13. STREET ADDRESS 14. CON-SEL2P 15. CHANNING, JON H. 22. STREET ADDRESS 15. SEL4PANNING 23. STREET ADDRESS 16. SEL4PANNING 24. STREET ADDRESS 16. SEL4PANNING 24. STREET ADDRESS 24. SEL4PANNING 25. STREET ADDRESS 26. STREET ADDRESS 26. STREET ADDRESS 27. SEL2P 28. STREET ADDRESS 28. STREET ADD						10. Name and Address of New Ro	egistered Ag	ent	
19TH FLOOR MAMI FL 33133 184 City FL 85 Zip Cod 11. Pursuant to the provisions of Sections 607 0502 and 607.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of change is registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as residued in the provisions of Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE Signature injurities to provisions of Section 607.0505. Florida Statutes. SIGNATURE 12. OF FIGERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 12. OF FIGERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 12. OF FIGERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 13. NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 14. TITLE 15. CHANNING, JOEL B. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Provision of Section 607.0505. Florida Statutes. 18. ADDITIONS/CHANGES TO OFFICERS A		- - · · · - · · - · · · · · · · · · · ·		8	Name				
### City #### City #### City #### City #### City ##### City ####################################	191	rh floor	FL.	L		ddress (P.O. Box Number is Not Accepta	ble)		
1. 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 re- 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 reg agent. I are familiar with, and accept two obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Submits Price of pured agent a	MIA	VMI FL 33133		8:	3				
11. Pursuant to the provisions of Sections 607 (502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rediction office or registered agent on both, in the State of Frorida Statutes of Corporation's board of directors. I hereby accept the appointment as reg agent 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Symmetry hybrid or princed rays of registered agent and this applicable. NOTE Registered Agent signature registered agent and this applicable. NOTE Registered Agent signature registered agent statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ASSETT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ASSETT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ASSETT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ASSETT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ASSETT ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ASSETT ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN THE LAURESS ASSETT ADDITIONS CHANGES ASS				84	City		6 1	85 Zip	Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PROPERTIES AND DIRECTORS IN THE	office or i	registered agent, or both, in the Sta	ite of Fiorida. Such change was	authorized b	ov the corpo	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of ch	nanging i Itment as	ts registered registered
Title DVC DELETE STREET ADDRESS	-	am tamiliar with, and accept the obt	igations of, Section 607.0505, F	iorida Statuti	38.				
TITLE	SIGNATURE	Signature typed or printed name of registered i	agent and title if applicable (NC	TE: Registered A	gent signature r	equired when reinstating)	DATE		·····
RAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL DVC	12.			13.					
STREET ADDRESS CITY-ST-ZIP DVC DELETE DVC DELETE 21 TITLE DVC DELETE 21 TITLE DVC DAMMINING, JON H. 22 MAME A214 NW BOTH DRIVE BOCA RATON FL 23 STREET ADDRESS CITY-ST-ZIP DELETE DITLE PREUSSE, KARL 32 MAME STREET ADDRESS CITY-ST-ZIP DELETE	TITEE	1	LJ DELETE			•	L	J Change	Addition
DICH DVC DELETE DVC DELETE DVC DELETE DVC DELETE DVC DVC DELETE DVC						TOBL B. CHANNING			
DILE NAME STREET ADDRESS CITY-ST-ZP DELETE DITLE DELETE 21 TITLE 22 NAME 23 STREET ADDRESS CITY-ST-ZP BOCA RATON FL DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZP DELETE 34 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE DELETE Change									
NAME STREET ADDRESS CITY- ST-ZPP BOCA RATON FL DELETE DEL			DELETE				T	Change	Addition
STREET ADDRESS CITY-ST-72P BOCA RATON FL PREUSSE, KARL 11TLE PREUSSE, KARL 23 STREET ADDRESS STREET ADDRESS CITY-ST-72P BOCA RATON FL 32 NAME 33 STREET ADDRESS CITY-ST-72P TITLE DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-72P TITLE Change					1			1 Overigo	Abdillon
DITY-ST-ZIP BOCA RATON FL 2 4 CITY-ST-ZIP TITLE PREUSSE, KARL 32 NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 34 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ACTIVE ACTIVE ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 5.1 TITLE Change NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change		· · · · · · · · · · · · · · · · · · ·		. 1					
TITLE		1		1					
STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE DELETE 5.1 TITLE S.3 STREET ADDRESS CITY: ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS		· - · · · · · · · · · · · · · · · · · ·	▼ DELETE					Change	Addition
CITY - ST - ZIP	NAME	PREUSSE, KARL		3.2 NAMI	:				
TITLE	STREET ADDRESS			3.3 STRE	ET ADDRESS				
NAME	CITY - ST - ZIP	BOCA RATON FL		3.4. CITY	-ST - ZIP				
A3 STREET ADDRESS A4 CITY - ST - ZIP	TIFLE		☐ DELETE	4.1 TITLE] Change	☐ Addition
CITY ST - ZIP	NAME			4. 2 NAM	E				
HILF	STREET ADDRESS	1		B C					
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST-ZIP 5.4 CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS			T DELFAT				·····	1 Chenne	Adams -
STREET ADDRESS			☐ DETEIF	· •			L.	1 rumuda	Addition
CLIY-S1-7IP 5.4 CITY-\$1-7IP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS					- 1				
TITLE DELETE 6.1 TITLE NAME STREET ADDRESS DELETE 6.1 TITLE Change Change Change Change Change Change Change					1				
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS			T DELETE				· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS	1		La Persit		- 1		<u></u>	yo	Harris Andrews
• • • • • • • • • • • • • • • • • • • •				1	- 1				
I LUTANA OP I	City-St-ZiP			- 1					

14. To 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 of 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 convoration 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 in changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytinie Phone #