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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000069572** 1. Corporation Name

CHANNING LENDING CORPORATION

Principal Place of	at Business	Mailing Addr	ess				İ						_		
3300 PGA BLVD		3300 PGA 8L\	VD						. ,					¥ ?	
550		550													
PALM BCH GARDENS FL 33410		PALM BCH GARDENS FL 33410						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed							
US I		US					1	09/19/		ed or Qu	alifed				
2. Principal Place	o of Rusiness	2a. Mailing A	Adress					FEI Num						Applied	d Eor
⊢ ¬	e of business	_ 	(uui ess										} -}	' ' 	plicable
21 Suite, Apt. #, «	oto	26 Suite, Ap					- '	<u>65-052</u>	1091				607		*
	etc.	├ -	л. н, вс.				5.	Certifcat	e of Sta	tus Desi	red [5 Addit Require	
22		27													· · · · ·
City & State		City & St	ate					Election		•	ncing [•	0 Мау	,
23		28						Trust Fu						ed to Fe	ees
Zip	Country	Zip	_	Country	гу			This corp			e current	t year In		О.	_
24	25	29	30	Ս				Persona		•			∐Yes		No.
	9. Name and Address of Currer	nt Registered Age	<u>ent</u>				10.	Name a	nd Add	ress of	New Reg	jistered	Agent		
CORER	CORPORATE AGENTS INC.			81	1 Na	ame									
	O. BAYSHORE DIRVE 19TH			82	2 St	treet Add	dress (P.	O. Box N	Number	is Not A	cceptable	e)			
	FL 33133			83	2					.					
				84	4 Cit	ity						FL	85 Z	ip Code	9
11, Pursuant to t	the provisions of Sections 607.050	02 and 607.1508, F	lorida Statutes,	the abov	ve-nar	med con	poration	submits	this sta	tement fo	or the pu	rpose of	changing	its regi	stered
office or regis	stered agent, or both, in the State	of Florida, Such cl	nange was auth	orized by	u tha c	corporati	tion's boa	ard of dir	ectors.	i nereby	accept ti	ne appo	intment as	registe	ered
agent Lam fa	lamiliar with, and accept the obliga	ations of Section 6	07.0505. Florida	a Statute	yulcu S.	•									
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

561-630-8830