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 # P95000042823 (1)

CHANNING CORPORATION XXVI

Principal Place of Business

Mailing Address

FILED May 08 1997 8:00am Secretary of State



4214 NORTHWEST 60TH DRIVE BOCA RATON FL 83496		4214 NORTHWEST 60TH DRIVE BOCA RATON FL 33495-4010						
					3. Date incorporated or Qualified 06/01/1995	3a. Date of La 05/01/199	•	
	lace of Business	2a. Mailing Address			4. FEI Number	a.	Applied For	
21	-	26				711291	Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc. 27	27			6. Certificate of Status Desired See Required Fee Required		
City & Stat 23	e 	City & State	28			6. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Counti	У] Yes [] No	er s. 199.032,	
-	9. Name and Address of Cur				10. Name and Address of New Re	gistered Agent		
	BER CORPORATE AGENTS, I		8	Name				
	11 S. Bayshore Dr., 19th F Mi Fl 33133	PLACE			ddress (P.O. Box Number is Not Acceptable)			
*::			8:	3				
			84	City		FL 85	Zip Code	
office or r agent. I a SIGNATURE					corporation submits this statement for the poration's board of directors. I hereby acce		t as registered	
12.	Signature, typed or printed name of registered	AND DIRECTORS	18.	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TODG IN 12	
TITLE	D	DELETE	1.1 TITLE		DICICEO/P	Chan		
NAME	CHANNING, JOEL B		1.P NAME		J-EL B CHANNIAS		ge Ge Maanen	
STREET ADDRESS	4214 NORTHWEST 60TH D	RIVE		1 ADDRESS	4214 N.W 60th Drive			
CITY-ST-ZIP	BOCA RATON FL 33496	11111	1.4 CITY		BOCA RATHE, PL 33491	L_		
TITLE	D	DELETE	2.1 1111.6		DIVCIVPISIT	☐ Chan	nge Addition	
NAME	CHANNING, JON H		2.2 NAME		JON A. CHANNING			
STREET ADDRESS	4214 NORTHWEST BOTH D	RIVE	2.8 STREE	1 ADDRESS	HZINN GOTH Drive			
CATY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY	- S1 - Z(P	BOCA TRATON, FL 33496			
TITLE		☐ DELETE	3.1 TITLE			☐ Chan	nge Addition	
NAME			3.P NAME					
STREET ADDRESS			3.B STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY	- \$1 - ZIP				
TITLE		☐ DELETE	4.1 TITLE			∐ Chan	nge 📙 Addition	
NAME			4. 2 NAM					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY -			□ cь	non Addition	
TITLE		רו הנרגור	5.1 TITLE			∐ Chan	nge [_] Addition	
NAME .			5.P NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE			Char	nge Addition	
NAME		_ precie	6.2 NAME			المال لي	igo La riodi(ioi)	
STREET ADDRESS				1 ADDRESS				
			6.4 CITY-		·			
CITY-ST-ZIP		the design that the comment are	0.9 UNY	01-617	totad in Continu 110 07(0)(i). Florida Ctat de		ate ea the e	

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that one the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this am an officer or director of