FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90045 016 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000083656

1. Corporation Name

Principal Place of Business

**CHANNING LENDING CORPORATION XXVI** 

PALL BOLD GARDENS FL 20410   PALL BCH GARDENS FL 20410   US	3300 PGA BLVD	)	3300 PGA BLVD							
Solid   Soli	550					DO NOT WRITE IN THIS SPACE				
2. Principal Piace of Business   2a, Mailing Address   52   Mailing Address   53   Mailing Address   54   Mailing Address   55   Correct   58.75 Additional February   55   Mailing Address   55   Correct   58.75 Additional February   55   Mailing Address   55   Correct   58.75   Mailing Address		ieno rt 33410		10						
Principal Place of Business   2z   Mailing Address   55-0704945     Not Applied For   Not Peter   No	•••					1				
Suite, Apt. #, etc.	2 Principal Pl	ace of Rusiness	22 Mailing Address					Applied For		
Suit. Apt #, etc.   Suits. Apt #, etc.   27   27   27   28   29   29   20   20   29   20   20   20	<u> </u>	ace of business				· · ·	<u> </u>			
27										
Country   Zip						5. Certifcate of Status Desired	Contiferate of Statue Decired			
27						6 Election Campaign Financing	\$5.0	May Be		
Zip Country 2st   Span   Span	<u> </u>									
24	Zip				ountry 8. This corporation owes the current year Intangible					
Second Corporate Agents   Second South BayShore DRIVE   19TH FLOOR	<del></del>	25 29 30			Personal Property Tax.  Yes No					
COBER CORPORATE AGENTS, INC. 2801 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133    82		9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent					
2801 SOUTH BAYSHORE DRIVE   19TH FLOOR   1				81	Name					
280T SOUTH BATSTURE DRIVE 19TH FLOOR MIAMI FL 33133  14 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named exponation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and remain with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPC DELETE  11. TITLE  DPC		<del>-</del>	•	82	Street	Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33133    84   City   FL   85   Zip Code										
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 607.0505, Florida Statutes.  11. Pursuant to the provisions of Sections 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS OFFICERS AND DIRECTORS IN 12  16. STREET ADDRESS OFFICERS AND DIRECTORS IN 12  16. STREET ADDRESS OFFICERS AND DIRECTORS IN 12  17. ST. ZIP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/	,			83						
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or board of director's. I hereby accept the appointment as registered agent, or board of director's. I hereby accept the appointment as registered agent, or board of director's. I hereby accept the appointment as registered agent, or board of director's. I hereby accept the appointment as registered agent, or board and of director's. I hereby accept the appointment as registered agent, or board and of director's. I hereby accept the appointment as registered agent, or board and of director's. I hereby accept the appointment as registered agent, or board and of director's. I hereby accept the appointment as registered agent, or board and of director's. I hereby accept the appointment as registered agent, or board and of director's. I hereby accept the appointm	MIAN	ni FL 33133		84	City		85 4	Zip Code		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and was agent agent at the such as a finite agent and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.						·				
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyperior printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when miniatating). DATE    12.	11. Pursuant 1	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of ch	nanging ment a	g its registere s registered	d	
SIGNATURE   12.	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
12.	SIGNATURE									
TITLE					t signature i	agence with temperatury				
NAME   CHANNING, JOEL B   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   BOCA RATON FL   12 TITLE   CHANNING, JON H   22 STREET ADDRESS   CITY-ST-ZIP   BOCA RATON FL   21 TITLE   CHANNING, JON H   22 STREET ADDRESS   24 CITY-ST-ZIP   BOCA RATON FL   23 STREET ADDRESS   24 CITY-ST-ZIP   CHANNING, JON H   22 STREET ADDRESS   24 CITY-ST-ZIP   CHANNING, JON H   22 STREET ADDRESS   24 CITY-ST-ZIP   CHANNING, JON H   22 STREET ADDRESS   24 CITY-ST-ZIP   CHANNING										
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NAME	NAME	· · · · · · · · · · · · · · · · · · ·				22 DOARISA #500				
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NAME	CITY-ST-ZIP				r-ZIP	P13G PC 354B	~ 1		141	
NAME	TITLE	2001		2.1 TITLE		ا ند	Char	nge ∐ Add	æon	
NAME	NAME			2.2 NAME		23 - PCA BIN P550				
NAME	STREET ADDRESS			2.3 STREET	ADDRESS	3333				
NAME	CITY-ST-ZIP			2. 4 CITY-\$	T-ZIP	7B6 PC 33410				
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE		☐ DELETE	3.1 TITLE			Char	nge 🔲 Add	ition	
CITY-ST-ZIP	NAME			3.2 NAME						
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Addition	TITLE		DELETE	4.1 TITLE			Char	nge 🗌 Add	ition	
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         DELETE         6.1 TITLE           NAME         6.2 NAME	NAME			4. 2 NAME						
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NAME	CITY-ST-ZIP			4.4 CITY-S	r-ZIP					
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TITLE DELETE 6.1 TITLE Change Addition  NAME 6.2 NAME	CITY-ST-ZIP			5.4 CITY-S	r-ZIP					
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STREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2 NAME						
STREET ADDRESS)	STREET ADDRESS			6.3 STREET	ADDRESS					

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 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 adverse, with all other like empowered.