

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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90062 031 \*\*\*150.00

DOCUMENT # **P97000048801** ✓  
1. Corporation Name  
**CHANNER ASSOCIATES  
INTERNATIONAL CORP.**

\* 5 5 5 2 1 4 \*  
555214 - 90062 - 31

Principal Place of Business Mailing Address  
**ONLY OVERSEAS P.O. BOX 140  
WAS 329 ALMERIA AVE 666  
CORAL GABLES, FL. 33134 LORAL GABLES  
33114**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**1997**

4. FEI Number

**591681313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. **NONE** ☐ Yes ☒ No

2. Principal Place of Business  
21 **260 CRANDON BLVD**

2a. Mailing Address

Suite, Apt. #, etc.  
22 **SUITE 32-115**

Suite, Apt. #, etc.

City & State  
23 **KEY BISCAIYNE FL**

City & State

Zip Country  
24 **33149 1540 USA**

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN A. DACY  
260 CRANDON BLVD SUITE  
32-115  
KEY BISCAIYNE FL. 33149 1540**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. **VICE PRESIDENT** OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **JOHN A. DACY**  
STREET ADDRESS **260 CRANDON BLVD**  
CITY-ST-ZIP **SUITE 32-115  
KEY BISCAIYNE FL.**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33149-1540**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PRESIDENT**  
STREET ADDRESS **LAUREL MIKE  
CHANNER**  
CITY-ST-ZIP **LOTS, BECONIA LODGE**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **LINSTEAD P.O.**  
STREET ADDRESS **ST. CATHERINE**  
CITY-ST-ZIP **JAMAICA W.I.**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John A. Dacy**  
**APR 28 1999**

Date

Daytime Phone #

**305-448 4335**

CR2E034 (11/98)