

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65299

(2)

1. Corporation Name

CHANNING CORPORATION XXIII

Principal Place of Business

11 VIA VERONA
PALM BEACH GARDENS FL 33418

Mailing Address

11 VIA VERONA
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/21/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0359856

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **4214 NW 60th Drive**

2a. Mailing Address

26 **4214 NW 60th Drive**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Boca Raton, FL

28 City & State

Boca Raton, FL

24 Zip

33496

Country

Plm Bch

29 Zip

33496

Country

Plm Bch

9. Name and Address of Current Registered Agent

**ROYCE, RAYMOND W., ESQ.
4400 PGA BLVD.
SUITE 900
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name

Joe H Channing

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

4214 NW 60th Dr

83

84 City

Boca Raton

FL

85 Zip Code

33496

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 of Registered Agent or Registered Agent and Trust Application

Signature of Registered Agent or Registered Agent and Trust Application

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CHANNING, JOEL B.
11 VIA VERONA
PALM BCH GARDENS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSTD
CHANNING, JON H.
11 VIA VERONA
PALM BCH GARDENS FL**

TITLE
NAME
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**PD
CHANNING, JOEL B
4214 NW 60th Dr
Boca Raton, FL 33496**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**VSTD
CHANNING, JON H
4214 NW 60th Dr
Boca Raton, FL 33496**

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name