

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Apr 29 1996 8:00 am  
Secretary of State

DOCUMENT # **G80932** (8)

1. Corporation Name

**JW CHARLES FINANCIAL SERVICES, INC.**



Principal Place of Business

Mailing Address

900 N FEDERAL HWY #210  
BOCA RATON FL 33432

900 N FEDERAL HWY #210  
BOCA RATON FL 33432

3. Date Incorporated or Qualified  
**12/19/1983**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**58-1545984**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEEDS, MARSHALL T.  
980 N FEDERAL HIGHWAY  
SUITE 110  
BOCA RATON FL 33432

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEEDS, MARSHALL T.	
STREET ADDRESS	980 N FEDERAL HWY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MARKS, JOEL	
STREET ADDRESS	1117 PERIMETER CENTER W. #500E	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESERNIO, ROBERT	
STREET ADDRESS	111 W. 50TH ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GLASER, GREGG S.	
STREET ADDRESS	980 N FEDERAL HWY #210	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, WILLIAM D.	
STREET ADDRESS	980 N FEDERAL HWY #210	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNNER, JEFFREY	
STREET ADDRESS	111 50TH ST.	
CITY - ST - ZIP	NEW YORK NY	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN CROPPER	
1.3 STREET ADDRESS	111 W 50th Street, New York, NY 10020	
1.4 CITY - ST - ZIP		
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN FAIELLA	
2.3 STREET ADDRESS	111 W 50th Street, New York, NY 10020	
2.4 CITY - ST - ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH ROBILOTTI	
3.3 STREET ADDRESS	111 W 50th Street, NEW YORK, NY 10020	
3.4 CITY - ST - ZIP		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL WEINBERG	
4.3 STREET ADDRESS	111 W 50th Street, NEW YORK, NY 10020	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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:

*Gregg Glaser* **GREGG GLASER** 4/17/96 407-338-2756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)