

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
98 JUN 11 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G80932
1. Corporation Name

JW CHARLES FINANCIAL SERVICES, INC.

Principal Place of Business: 980 North Federal Highway, Suite 210, Boca Raton, Florida 33432
Mailing Address: Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 980 North Federal Highway
Suite, Apt. #, etc.
22 Suite 210
City & State
23 Boca Raton, Florida
Zip Country
24 33432 25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified: 12/21/83
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
Marshall T. Leeds
980 North Federal Highway, Suite 110
Boca Raton, Florida 33432

10. Name and Address of New Registered Agent
81 Name: Charles E. Scarlett
82 Street Address (P.O. Box Number is Not Acceptable): 980 North Federal Highway, Suite 210
83
84 City: Boca Raton FL 85 Zip Code: 33432

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] DATE: 6/10/98

12. OFFICERS AND DIRECTORS

TITLE	Chief Executive Officer	<input type="checkbox"/> DELETE
NAME	Marshall T. Leeds	
STREET ADDRESS	980 North Federal Highway, Ste. 210	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Executive Vice President	<input type="checkbox"/> DELETE
NAME	Joel E. Marks	
STREET ADDRESS	980 North Federal Highway, Ste. 210	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Joel E. Marks	
STREET ADDRESS	980 North Federal Highway, Ste. 210	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Gregg Glaser	
STREET ADDRESS	980 North Federal Highway, Ste. 210	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500002556475--3
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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.

SIGNATURE: [Signature] Joel E. Marks DATE: 6/10/98 770290005

CR2E034 (10/97)



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ACCOUNT NO. : 072100000032

REFERENCE : 852169 4320229

AUTHORIZATION : *Patricia Pajuta*

COST LIMIT : \$ 550.00

ORDER DATE : June 11, 1998

ORDER TIME : 9:52 AM

ORDER NO. : 852169-005

CUSTOMER NO: 4320229

CUSTOMER: Ms. Sharon Knox
Kilpatrick Stockton, Llp
Suite 2800
1100 Peachtree Street
Atlanta, GA 30309

ANNUAL REPORT FILING

NAME: JW CHARLES FINANCIAL
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

RECEIVED
98 JUN 11 AM 10:37
DIVISION OF CORPORATION