

**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

DOCUMENT # P93000029269 (6)

1. Corporation Name

JW CHARLES SECURITIES, INC.



Principal Place of Business

Mailing Address

980 N FEDERAL HWY  
SUITE 210  
BOCA RATON FL 33432

980 N FEDERAL HWY  
SUITE 210  
BOCA RATON FL 33432

2. Principal Place of Business

2a. Mailing Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCARLETT, CHARLES E  
980 N FEDERAL HWY  
SUITE 210  
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 607.1506, 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 firm, agent, etc.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	LEEDS, MARSHALL T	
STREET ADDRESS	980 N FEDERAL HWY SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WAGNER, JOYCE	
STREET ADDRESS	980 N FEDERAL HWY SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	GLASER, GREGG S	
STREET ADDRESS	980 N FEDERAL HWY SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, JOEL	
STREET ADDRESS	1117 PERIMETER CENTER W. #500E	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FERGUSON, W D	
STREET ADDRESS	980 N FEDERAL HWY SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
2. TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	600001829446	
53. STREET ADDRESS	-05/20/96--01048--020	
54. CITY-ST-ZIP	***208.75	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Gregg S. Glaser

April 29, 1996 (407) 338-2761

ST 5-1-96

CR2E034 (12/95)