


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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 292621 (0)</b> 1. Corporation Name <b>JOSEPH CHARLES &amp; ASSOC., INC.</b>					
Principal Place of Business <b>5550 GLADES RD. SUITE 206 BOCA RATON FL 33431</b>		Mailing Address <b>5550 GLADES RD. SUITE 206 BOCA RATON FL 33431</b>			
2. Principal Place of Business <b>21</b> <b>JOSEPH CHARLES &amp; ASSOC., INC.</b> <b>CRYSTAL CORPORATE CENTER</b> <b>3500 N. MILITARY TRAIL</b> <b>SUITE 300</b> <b>BOCA RATON, FL 33431</b>		2a. Mailing Address <b>26</b> <b>SAME</b> Suite, Apt. #, etc. <b>28</b> City & State <b>29</b> Zip <b>30</b> Country		3. Date Incorporated or Qualified <b>05/06/1965</b> 4. FEI Number <b>59-1095452</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent <b>JOSEPH C. VISCONTI</b> <b>207 CLEMATIS ST.</b> <b>WEST PALM FL 33401</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	<input type="checkbox"/> DELETE	11 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISCONTI, JOSEPH C.		12 NAME	Visconti, Joseph C.	
STREET ADDRESS	5200 POINSETTIA AVE., PH-6 WEST		13 STREET ADDRESS	100 Flagel Lane	
CITY-ST-ZIP	PALM BEACH FL 33407		14 CITY-ST-ZIP	West Palm Bch, FL 33407	
TITLE		<input type="checkbox"/> DELETE	21 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			22 NAME	Giovanna BUDDIE	
STREET ADDRESS			23 STREET ADDRESS	898 La Mirador Dr	
CITY-ST-ZIP			24 CITY-ST-ZIP	Boca Rca 33433	
TITLE		<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: 

4/29/98

CR2E034 (10/97)