

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

**980 N FEDERAL HWY #210
BOCA RATON FL 33432**

Mailing Address

**980 N FEDERAL HWY #210
BOCA RATON FL 33432**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1983		3a. Date of Last Report 04/28/1995	
21		26		4. FEI Number 58-1545984		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		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			
				85 Zip Code FL			

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	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEDS, MARSHALL T.	1.2 NAME	DIRECTOR
STREET ADDRESS	980 N FEDERAL HWY	1.3 STREET ADDRESS	STEPHEN CROPPER
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	111 W 50th Street, New York, NY 10020
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, JOEL	2.2 NAME	DIRECTOR
STREET ADDRESS	1117 PERIMETER CENTER W. #500E	2.3 STREET ADDRESS	JOHN FAIELLA
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	111 W 50th Street, New York, NY 10020
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESERNIO, ROBERT	3.2 NAME	DIRECTOR
STREET ADDRESS	111 W. 50TH ST.	3.3 STREET ADDRESS	JOSEPH ROBILOTTI
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	111 W 50th Street, NEW YORK, NY 10020
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASER, GREGG S.	4.2 NAME	DIRECTOR
STREET ADDRESS	980 N FEDERAL HWY #210	4.3 STREET ADDRESS	MICHAEL WEINBERG
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	111 W 50th Street, NEW YORK, NY 10020
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WILLIAM D.	5.2 NAME	
STREET ADDRESS	980 N FEDERAL HWY #210	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, JEFFREY	6.2 NAME	
STREET ADDRESS	111 50TH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGG GLASER

Date

4/17/96

Daytime Phone #

407-338-2756

CR2E034 (12/95)