Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90091 027 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G80932

1. Corporation Name

IW CHARLES FINANCIAL SERVICES, INC.

		,						
Principal Place of Business Mailing Address						()(# ()E) #/B// #/		1911 91811 1861
980 N FEDERAL HIGHWAY 980 N FEDERAL HIGHWAY								
SUITE 210 SUITE 210					DO NOT WR	ITE IN THIS	SPACE	
BOCA RATON FL 33432 BOCA RATON FL 33432					3. Date Incorporated or Qualifed		01 AOL	
					12/19/1983			
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
	ace of dusiness	26			58-1545984		1 	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						X	\$8.75	Additional
22					5. Certifcate of Status Desired	Mr.	Fee Re	quired
City & State City & State			-		6. Election Campaign Financing		\$5.00	May Be
23	* * * ***	28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country	′	This corporation owes the cur	rent year Inta		.
24	25	29	30		Personal Property Tax.		∐Yes	□No
	9. Name and Address of Current	t Registered Agent	- 04		10. Name and Address of New	Registered A	Agent	
004	DIETT OLIMBICO C		81	Name				
SCARLETT, CHARLES E				Street A	ddress (P.O. Box Number is Not Accept	able)		
980 N FEDERAL HIGHWAY								
	E 210		83					
BOC	A RATON FL 33432		84	City			85 Zip (Code
			L,	<u> </u>		<u> </u>	<u></u>	
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was at	itnonzea by	the corpor	orporation submits this statement for the ation's board of directors. I hereby acceptation's	pt the appoir	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Age	nt signature req	quired when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O	FICERS AN	D DIRECTO	
TITLE	CEO	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	LEEDS, MARSHALL T		1.2 NAME					
STREET ADDRESS	980 N FEDERAL HWY, STE 210)	1.3 STREE	TADORESS				
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-S	T-ZIP				
TITLE	EVPS DELETÉ 2.1		2.1 TITLE				☐ Change	☐ Addition
NAME	MARKS, JOEL E		2.2 NAME					
STREET ADDRESS	980 N FEDERAL HWY, STE 210)	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CITY-	ST-ZIP				
- TITLE	T	☐ DELETE	-3.1 TITLE			- '	Change	Addition
NAME	GLASSER, GREGG		3.2 NAME					
STREET ADDRESS	980 N FEDERAL HWY, STE 210)	3.3 STREE	T ADDRESS	•			
ÇITY-ST-ZIP	BOCA RATON FL 33432		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME	ļ				
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-5	T-ZIP				67 5 4 101
TITLE		☐ DELETE	5.1 TTLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			i i	TADDRESS	•			
CITY+ST-ZIP			5.4 CITY-5	ST-ZIP				T a and
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME		,	6.2 NAME					
CEDEET ADDRESS			6.3 STREE	T ADDRESS				Į.

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.3-