


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/21/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0413881

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

**SCARLETT, CHARLES E
980 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

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 607.1508, 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

TITLE **PDCE** ☐ DELETE

NAME **LEEDS, MARSHALL T**
STREET ADDRESS **980 N FEDERAL HWY SUITE 210**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VS** ☐ DELETE

NAME **WAGNER, JOYCE**
STREET ADDRESS **980 N FEDERAL HWY SUITE 210**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **DTV** ☐ DELETE

NAME **GLASER, GREGG S**
STREET ADDRESS **980 N FEDERAL HWY SUITE 210**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD** ☐ DELETE

NAME **MARKS, JOEL**
STREET ADDRESS **1117 PERIMETER CENTER W. #500E**
CITY-ST-ZIP **ATLANTA GA**

TITLE **DV** ☐ DELETE

NAME **FERGUSON, W D**
STREET ADDRESS **980 N FEDERAL HWY SUITE 210**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

SCARLETT, CHARLES E

7/6/97

561-338-2718

CR2E034 (4/97)