

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
--	---	---

DOCUMENT # **S69328** (0)
1. Corporation Name
JOSEPH CHARLES & CO., INC.



Principal Place of Business 5550 GLADES ROAD SUITE 206 BOCA RATON FL 33431	Mailing Address 5550 GLADES ROAD SUITE 206 BOCA RATON FL 33431
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 JOSEPH CHARLES & ASSOC., INC. Suite, Apt. #, etc. CRYSTAL CORPORATE CENTER 22 1300 N. MILITARY TRAIL City BOCA RATON, FL 33431 23 SUITE 300 24 Zip BOCA RATON, FL 33431		2a. Mailing Address SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 07/29/1991	4. FEI Number 65-0273475 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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
---	--	---	--	---	---	---	--

9. Name and Address of Current Registered Agent VISCONTI, JOSEPH C 5550 GLADES ROAD SUITE 206 BOCA RATON FL 33431		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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	VISCONTI, JOSEPH C	1.2 NAME	Visconti, Joseph C
STREET ADDRESS	P.O. BOX 2255 N/A	1.3 STREET ADDRESS	100 Flager Lane
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	West Palm Bch, FL 33407
TITLE		2.1 TITLE	Secretary
NAME		2.2 NAME	GIVINA BUDDE
STREET ADDRESS		2.3 STREET ADDRESS	7846 La Mirada Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca R 33433
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ 4/26/98

CR2E034 (10/97)