FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16333 (9)

1. Corporation Name
THE WILLIAM CHARLES COMPANY

Principal Place of Business	Mailing Address
8360 W. OAKLAND PK. BLVD SUITE 203 SUNRISE FL 33351	8360 W. OAKLAND PK. BLVD SUITE 203 SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1992
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 3469 NW 55th ST.	26 3469 NW 55th ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT. LAUD, FL.	28 City & State: FT. LAUD. FL.
24 Zip: 33309 25 County:	29 Zip: 33309 30 County:

4. FEI Number: 65-0314515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENBERG, ARTHUR 4875 N. FEDERAL HIGHWAY 7TH FLOOR FT. LAUDERDALE FL 33308	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 the 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 mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STECKER, WILLIAM C.	12 NAME	
STREET ADDRESS	5581 S.W. 7TH ST.	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	COHEN, FREDERICK L. AIA, CSI	22 NAME	
STREET ADDRESS	8360 W. OAKLAND OK. BLVD. STE 203	23 STREET ADDRESS	3469 N.W. 55th ST.
CITY ST ZIP	SUNRISE FL 33351	24 CITY ST ZIP	FT. LAUD. FL. 33309
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is currently furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 attached report with an address.

SIGNATURE: [signature] Date 305-485-1110 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRED L. COHEN

0230805 CP