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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000082659 (2)

1. Corporation Name
A DEAN SCHARN, INC.



Principal Place of Business Mailing Address
2167 LIONS CLUB RD CLEARWATER FL 34624 **2167 LIONS CLUB RD CLEARWATER FL 34624-8803**
 US

3. Date Incorporated or Qualified **12/02/1993** 3a. Date of Last Report **06/19/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **8156 127th St N** 26 **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3212927** Applied For Not Applicable

22. City & State 27. City & State
 23 **Seminole FL** 28

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

23. Zip Country 28. Zip Country
 24 **33776** 25 **Pinejas** 29

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHARN, DEAN
8156 127TH ST. N.
SEMINOLE FL 34841

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARN, DEAN	1.2 NAME	
STREET ADDRESS	8156 127TH ST. N.	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORECK, ROBERT	2.2 NAME	
STREET ADDRESS	3005 ALT 19	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vice President
STREET ADDRESS		3.3 STREET ADDRESS	GOOWIN, SAMUEL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	11783 7TH LANE N APT 3
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Vice President
STREET ADDRESS		4.3 STREET ADDRESS	THOMPSON, WILLIAM
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3129 BOCA CIEGA DR. N
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Dean Sch** **DEAN SCHARN PRES.** 4-23-97 (819) 538-2427
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)