

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

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98 OCT 22 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **93000082659**
1. Corporation Name
A. Dean Scharn, INC.

Principal Place of Business
**300 S. Madison Ave #5
Clearwater, FL 33756**

Mailing Address
**300 S. Madison Ave #5
Clearwater, FL 33756**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-03-94

21	2. Principal Place of Business 300 S. Madison Ave	2a. Mailing Address 300 S. Madison Ave	22	Suite, Apt. #, etc. 5	27	Suite, Apt. #, etc. #5	
23	City & State Clearwater, FL	28	City & State Clearwater, FL	24	Zip 33756	25	Country USA
29	Zip 33756	30	Country USA				

4. FEI Number 59-3212927	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Shearn Robert L.
2600 McCormick Dr.
Ste 230
Clearwater, FL 34619**

10. Name and Address of New Registered Agent

81	Name Shearn Robert L
82	Street Address (P.O. Box Number is Not Acceptable) 2790 Sunset Point Rd
83	
84	City Clearwater
85	Zip Code FL 33759

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO <input type="checkbox"/> DELETE
NAME	Dean R. Scharn
STREET ADDRESS	300 S. Madison Ave #5
CITY-ST-ZIP	Clearwater, FL 33756
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002675973-5
1.3 STREET ADDRESS	-10/29/98--01084--017
1.4 CITY-ST-ZIP	****550.00 ****550.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* SIGNATURE REQUIRED **9-30-98 (427) 538-2417**

CR2E034 (10/97)