

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90058 039 \*\*\*150.00

0413237

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000082659**

1. Corporation Name  
**A DEAN SCHARN, INC.**



Principal Place of Business  
**300 S. MADISON AVE.  
 #5  
 CLEARWATER FL 33756  
 US**

Mailing Address  
**300 S. MADISON AVE.  
 #5  
 CLEARWATER FL 33756  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**12/02/1993**

4. FEI Number  
**59-3212927**

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

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**SCHARN, ROBERT L  
 2790 SUNSET POINT RD.  
 CLEARWATER FL 33759**

10. Name and Address of New Registered Agent  
 81 Name **SCHARN, DEAN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1412 SEAGULL DR**  
 83 Apt. # **307**  
 84 City **PAIM HARBOR** FL 85 Zip Code **34685**

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 **DEAN SCHARN P/CEO** DATE **4-6-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SCHARN, DEAN R	
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	P/CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NORECK, ROBERT	
2.3 STREET ADDRESS	3005 ALT. 19 NORTH	
2.4 CITY-ST-ZIP	PAIM HARBOR, FL 34683	
3.1 TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMPSON, WILLIAM	
3.3 STREET ADDRESS	5862 63RD AVENUE	
3.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781	
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, with all other like empowered.

SIGNATURE: **DEAN SCHARN P/CEO** DATE: **4-6-99** DAYTIME PHONE: **727-538-2427**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)