

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000097256 (7)

1. Corporation Name
DEAN SCHARN, INC.

Principal Place of Business

Mailing Address

**8156 127TH ST
SEMINOLE FL 33776**

**8156 127TH ST
SEMINOLE FL 33776**

2. Principal Place of Business

2a. Mailing Address

21 *300 S. Madison Ave*
Suite, Apt. #, etc
22 *Sic #5*
City & State

26 *300 S. Madison Ave*
Suite, Apt. #, etc
27 *Sic #5*
City & State

23 *Clearwater, FL*
Zip Country

28 *Clearwater, FL*
Zip Country

24 *33766* **25** *USA*

29 *33766* **30** *USA*

9. Name and Address of Current Registered Agent

**SHEAR, ROBERT L
2600 MCCORMICK DR
SUITE 230
CLEARWATER FL 34619**

81 Name *Shear, Robert L*
82 Street Address (P.O. Box Number is Not Acceptable) *2790 Sunset Blvd Rd.*
83
84 City *Clearwater* **85** Zip Code *FL 34619*

11. Pursuant to the provisions of sections 607.0202 and 607.1505, 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 a family wife, and accept the obligation of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------|-----------------------------|---|
| 12.1 | DPT | <input type="checkbox"/> Deleted |
| 12.2 | SCHARN, DEAN | |
| 12.3 | 8156 127TH ST N | |
| 12.4 | SEMINOLE FL 33776 | |
| 12.5 | VP | <input checked="" type="checkbox"/> Deleted |
| 12.6 | THOMPSON, DWAYNE | |
| 12.7 | 11788 7 LANE N APT 3 | |
| 12.8 | ST PETERSBURG FL | |
| 12.9 | S | <input checked="" type="checkbox"/> Deleted |
| 12.10 | KELLEY, GEORGE D | |
| 12.11 | 8156 127TH ST N | |
| 12.12 | SEMINOLE FL 33776 | |
| 12.13 | | <input type="checkbox"/> Deleted |
| 12.14 | | |
| 12.15 | | <input type="checkbox"/> Deleted |
| 12.16 | | |
| 12.17 | | <input type="checkbox"/> Deleted |
| 12.18 | | |
| 12.19 | | <input type="checkbox"/> Deleted |
| 12.20 | | |

| | | |
|-------|--|---|
| 13.1 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 13.2 | DEAN SCHARN | |
| 13.3 | 300 S. Madison Ave #5 | |
| 13.4 | Clearwater, FL 34619 | |
| 13.5 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 | | |
| 13.7 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.8 | | |
| 13.9 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 | | |
| 13.11 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.12 | | |
| 13.13 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 | | |
| 13.15 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.16 | | |
| 13.17 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 | | |
| 13.19 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.20 | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information included on this annual report or supplementary statement is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 change of, or an addition of, an address.

SIGNATURE: _____ *9-30-98 (127) 626-2407*

2000-10-08 09:00 AM