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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000082659 (2)

A DEAN SCHARN, INC.

			and the second
Principa	Piace	O*	Business

Mailing Address

2167 LIONS CLUB RD CLEARWATER FL 34624

SIGNATURE:

2187 LIONS CLUB RD CLEARWATER FL 34624-8803

## FILED Apr 30 1997 8:00am Secretary of State

Zip Country Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 (	3. Date Incorporated or Qu				•		<u> </u>
Sulfa, Apt #, etc.    Sulfa, Apt #, etc.							
Suite, Apil. #, etc.    Suite, Apil. #, etc.   27	" · · · · · · · · · · · · · · · · · ·						· ·
City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Added to Fee  Trust Fund Contribution  Added to Fee  Trust Fund Contribution  Added to Fee  Florida Statutes  Scharn, DEAN  8156 127TH ST. N.  SEMINOLE FL 34641  SEMINOLE FL 34641  SEMINOLE FL 34641  SIGNATURE  City  FL 85 Zip Code  Florida Statutes  Size Street Address (P.O. Box Number is Not Acceptable)  SCHARN, DEAN  STREET ADDRESS  SIGNATURE  POTENCE AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City  FL 85 Zip Code  The Florida Statutes  Size Street Address (P.O. Box Number is Not Acceptable)  SCHARN, DEAN  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  SIGNAT URL  SIGNAT URL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  SIRET ADDRESS  SCHARN, DEAN  SIRET ADDRESS  SCHARN, DEAN  SIRET ADDRESS  SCHARN, DEAN  SIRET ADDRESS  SIRET AD	59-3212927	····			1 N 26		
True Fund Contribution Added to Reg. Zip	5. Certificate of Status Des				27	. #, etc. 	י '
Zip   Country   Zip   Country   Zip   Country   S. This corporation has liability for intangible tax under s. 199 (24 3 3 7 7 6 25    Phile As 2 29 30    Florida Statutes   Yes   Mo	6. Election Campaign Finan			City & State	<b>.</b>		,
29 33 7 7 6 25 Princips 29 30 Florida Statutes   Yes V No  9. Name and Address of Current Registered Agent  SCHARN, DEAN 8156 127TH ST. N. SEMINOLE FL 34841  82 Street Address (P.O. Box Number is Not Acceptable)  83 4 City  FL 85 Zip Code  11. Parsuant 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 regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Syntact form or princed registered agent and their if applicable  P	Trust Fund Contribution						
SCHARN, DEAN 8156 127TH ST. N. SEMINOLE FL 34841  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 regist 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 regist agent. Tam familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regist agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  14. City St. 2/P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  16. Change In the state of the Register Address of New Register Addres		try	<b>—</b> ,	· · · •	_ ′	L	n
SCHARN, DEAN 8156 127TH ST. N. SEMINOLE FL 34641  81			30		7:10 A 29	25 7	537
8156 127TH ST. N.  SEMINOLE FL 34841  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City		Mama		retea Agent	Address of Current Regis		
SEMINOLE FL 34841  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 regis 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 regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature typed or provid name of registered agent and title if applicable (NDTE: Registered Agent signature required when renataling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  THE PANALE SCHARN, DEAN  SIREEL ADDRESS  SEMINOLE FL  14 CITY-ST-ZIP  DELETE  11 TITLE  CHANGE  SIREEL ADDRESS  ON SEMINOLE FL  DELETE  11 TITLE  CHANGE  SIREEL ADDRESS  SAME  CHY-ST-ZIP  PALM HARBOR FL  DELETE  11 TITLE  CHANGE  STREET ADDRESS  STREET ADRESS  STREET ADDRESS  STREET ADDR	valle	Ivanie	Ľ				
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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Synthet byend or purced name of registered agent mist life if applicable (INDTE: Registered Agent signature required when releasting) DATE.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 IIII.  PARME  SCHARN, DEAN  SIREET ADDRESS  CITY-SI-2P  TITLE  V DELETE  11. TITLE  Change  CHY-SI-2P  TITLE  DELETE  11. TITLE  Change  CHY-SI-2P  TITLE  DELETE  3. STREET ADDRESS  SAME  1. Change  CHY-SI-2P  TITLE  Change  CHY-SI-2P  TITLE  CHANGE  3. AME  3. STREET ADDRESS  SAME  1. Change  CHY-SI-2P  TITLE  CHANGE  CHY-SI-2P  TITLE  CHANGE  CHY-SI-2P  TITLE  CHANGE  CHY-SI-2P  CHY-SI-2P  CHY-SI-2P  TITLE  CHANGE  CHANGE  CHY-SI-2P  CHY-	Street Address (P.O. Box Number is Not A	Street	₹		14		
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 regist office or registered agent, no both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12.		12			11	MINOLE FL 34641	SEM
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the propose of changing its regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Section	·	,,	`				
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 registored 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 registragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or period name of registered agent and little if applicable (NOTE: Registered Agent signature required when rehatating)  DATE  OFFICERS AND DIRECTORS IN 1  INTE  P  SCHARN, DEAN  SIREE ADDRESS  SCHARN, DEAN  SIREE ADDRESS  SIGNATURE  P  SCHARN, DEAN  SIREE ADDRESS  SIGNATURE  SIREE ADDRESS  SCHARN, DEAN  SIREE ADDRESS  SEMINOLE FL  INTILE  V  DELETE  14 CITY-ST-ZIP  AME  NORECK, ROBERT  3005 ALT 19  PALM HARBOR FL  DELETE  DELETE  STITLE  STREET ADDRESS  SIREET ADDRESS	City	14 City	1				
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 regist agent. I am flamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Superior printed name of registered agent and bits if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE							
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  P	lamed corporation's board of directors. I hereb	by the corp	uthorized	da. Such change was a	or both, in the State of Flori	registered agent, or bo	office or re agent. I ai
THE P DELETE 1.1 TITLE	elgnature required when reinstating)	Agent signature	: Registered	if applicable (NOTE	ned name of registered agent and title	Signature, typed or printed na	disparont
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OTY-ST-ZIP 64 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 the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or	ption stated in Section 119.07(3)(i), Florida	xemption :	v for the e	nis filing does not qualif	information supplied with t	I. eby certify that the infor	4. I do hereb