


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

APPROVED
AND
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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 # 093000082659 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 S. Madison Ave Suite, Apt. #, etc. 22 5 City & State 23 Clearwater, FL Zip 24 33756 Country 25 USA		2a. Mailing Address 26 300 S. Madison Ave Suite, Apt. #, etc. 27 #5 City & State 28 Clearwater, FL Zip 29 33756 Country 30 USA		3. Date Incorporated or Qualified 12-03-94	
4. FEI Number 59-3212927		Applied For 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 Shear, Robert L. 2600 McCormick Dr. Ste 230 Clearwater, FL 34619	
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10. Name and Address of New Registered Agent 81 Name Shear, Robert L. 82 Street Address (P.O. Box Number is Not Acceptable) 2790 Sunset Point Rd 83 84 City Clearwater FL 85 Zip Code 33759	
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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 NAME STREET ADDRESS CITY-ST-ZIP	CEO Dean R. Scharn 300 S. Madison Ave #5 Clearwater, FL 33756	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	300002675973-5 -10/29/98--01084--017 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 REQUIRED

9-30-98 (427) 538-2427

CR2E034 (10/97)