

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

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

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

04-13-1999 90058 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

4. FEI Number

59-3212927

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

CEO
NAME SCHARN, DEAN R
STREET ADDRESS 300 S. MADISON AVE. #5
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME P/CEO

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

V.P
NAME NORECH, ROBERT

2.2 NAME

2.3 STREET ADDRESS 3005 ALT. 19 NORTH

2.4 CITY-ST-ZIP PAIM HARBOR, FL 34683

3.1 TITLE ☐ Change ☒ Addition

V.P
NAME THOMPSON, WILLIAM

3.2 NAME

3.3 STREET ADDRESS 5862 63RD AVENUE

3.4 CITY-ST-ZIP PINELLAS PARK, FL 33781

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

DEAN SCHARN P/CEO 4-6-99 727-538-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0413237

CR2024-111081