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. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1996

4. FEI Number
59-3418061
[ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 300 S. Madison Ave	26 300 S. Madison Ave
Suite, Apt. #, etc. 22 Ste 5	Suite, Apt. #, etc. 27 Ste #5
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip 24 33516	Country 25 USA
Zip 29 33516	Country 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name: Shear, Robert L
32 Street Address (P.O. Box Number is Not Acceptable): 2600 Sunset Point Rd.
33
34 City: Clearwater FL 35 Zip Code: 33761

11. Pursuant to the provisions of Section 607.0505 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

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	[ ] DELETE
NAME	SCHARN, DEAN	
STREET ADDRESS	8156 127TH ST N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VP	[X] DELETE
NAME	THOMPSON, DWAYNE	
STREET ADDRESS	11788 7 LANE N APT 3	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	[X] DELETE
NAME	KELLEY, GEORGE D	
STREET ADDRESS	8156 127TH ST N	
CITY-ST-ZIP	SEMINOLE FL 33776	
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

41 TITLE		[X] Change [ ] Addition
42 NAME	Dean Scharn	
43 STREET ADDRESS	300 S. Madison Ave. #5	
44 CITY-ST-ZIP	Clearwater, FL 33516	
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		[ ] Change [ ] Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		[ ] Change [ ] Addition
82 NAME		
83 STREET ADDRESS		
84 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 added by an attachment with an address.

SIGNATURE: 9-30-98 (727)536-2481

C98000097256