

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

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90058 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097256

1. Corporation Name
DEAN SCHARN, INC.

Principal Place of Business 300 S. MADISON AVE SUITE 5 CLEARWATER FL 33756 US	Mailing Address 300 S. MADISON AVE SUITE 5 CLEARWATER FL 33759 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1412 SEAGULL DR Suite, Apt. #, etc. 22 APT # 307 City & State 23 PALM HARBOR, FL Zip 24 34685 Country 25 US	2a. Mailing Address 26 300 S. MADISON Suite, Apt. #, etc. 27 SUITE 5 City & State 28 CLEARWATER FL Zip 29 33759 Country 30 US
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3. Date Incorporated or Qualified 12/02/1996	4. FEI Number 59-3418061	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

81 Name SCHARN, DEAN	82 Street Address (P.O. Box Number is Not Acceptable) 1412 SEAGULL DR	83 APT # 307	84 City PALM HARBOR	85 State FL	86 Zip Code 34685
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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: DEAN SCHARN T.S. DATE: 4-6-99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPT	NAME SCHARN, DEAN	STREET ADDRESS 300 S. MADISON AVE #5	CITY-ST-ZIP CLEARWATER FL 33756	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE P. WHITE, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME 812 OLD VILLAGE WAY	
2.3 STREET ADDRESS OLDSMAR, FL 34677	
2.4 CITY-ST-ZIP	
3.1 TITLE V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME THOMPSON, DWAYNE	
3.3 STREET ADDRESS 1401 26TH AVENUE	
3.4 CITY-ST-ZIP St. Pete, FL 33704	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: DEAN SCHARN T.S. DATE: 4-6-99 DAYTIME PHONE #: 727-784-5158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)