

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # K82527 (8)**

1. Corporation Name  
**SEMBLER DEVELOPERS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>% M. STEVEN SEMBLER<br/>5858 CENTRAL AVENUE<br/>ST. PETERSBURG FL 33707</b> | Mailing Address<br><b>% M. STEVEN SEMBLER<br/>5858 CENTRAL AVENUE<br/>ST. PETERSBURG FL 33707-1728</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/24/1989</b>   | 3a. Date of Last Report<br><b>08/05/1996</b> |
| 4. FEI Number<br><b>59-2952389</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 Zip 25 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 Zip 30 Country |
|--|---|

9. Name and Address of Current Registered Agent

**SEMBLER, M. STEVEN  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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 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

|                |  |
|----------------|--|
| TITLE          | <b>DPT</b> <input type="checkbox"/> DELETE |
| NAME           | <b>SEMBLER, M. STEVEN</b>                  |
| STREET ADDRESS | <b>5858 CENTRAL AVENUE</b>                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>                   |
| TITLE          | <b>S</b> <input type="checkbox"/> DELETE   |
| NAME           | <b>SEMBLER, M. STEVEN</b>                  |
| STREET ADDRESS | <b>5858 CENTRAL AVE.</b>                   |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>                   |
| TITLE          | <b>V</b> <input type="checkbox"/> DELETE   |
| NAME           | <b>STROSS, PAMELA J.</b>                   |
| STREET ADDRESS | <b>5858 CENTRAL AVENUE</b>                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>                   |
| TITLE          | <b>V</b> <input type="checkbox"/> DELETE   |
| NAME           | <b>JOHNSON, DARIAN W.</b>                  |
| STREET ADDRESS | <b>5858 CENTRAL AVE</b>                    |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>                   |
| TITLE          | <input type="checkbox"/> DELETE            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <b>DPT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>SEMBLER, M. STEVEN</b>  |
| 1.3 STREET ADDRESS | <b>11300 4th St N SUITE 200</b>  |
| 1.4 CITY-ST-ZIP    | <b>ST PETERSBURG FL 33716</b>  |
| 2.1 TITLE          | <b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 2.2 NAME           | <b>SEMBLER, M. STEVEN</b>  |
| 2.3 STREET ADDRESS | <b>11300 4th St N STE 200</b>  |
| 2.4 CITY-ST-ZIP    | <b>ST PETERSBURG FL 33716</b>  |
| 3.1 TITLE          | <b>V</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 3.2 NAME           | <b>STROSS, PAMELA J.</b>   |
| 3.3 STREET ADDRESS | <b>11300 4th St N STE 200</b>  |
| 3.4 CITY-ST-ZIP    | <b>ST PETERSBURG FL 33716</b>  |
| 4.1 TITLE          | <b>V</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.2 NAME           | <b>JOHNSON, DARIAN W</b>   |
| 4.3 STREET ADDRESS | <b>11300 4th St N STE 200</b>  |
| 4.4 CITY-ST-ZIP    | <b>ST PETERSBURG FL 33716</b>  |
| 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 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 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: M. Steven Sembler M. STEVEN SEMBLER 4-16-97 8131 577-5522  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)