

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000088822 (0)

1. Corporation Name

ALDERMAN CENTERS, INC.



Principal Place of Business

5858 CENTRAL AVE  
ST PETERSBURG FL 33707

Mailing Address

5858 CENTRAL AVE  
ST PETERSBURG FL 33707

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3224765

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHER, CRAIG H  
5858 CENTRAL AVE  
ST PETERSBURG FL 33707

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
SEMBLER, MELVIN F  
STREET ADDRESS  
5858 CENTRAL AVE  
CITY-ST-ZIP  
ST PETERSBURG FL 33707

TITLE ☐ DELETE

NAME  
PD  
SHER, CRAIG H  
STREET ADDRESS  
5858 CENTRAL AVE  
CITY-ST-ZIP  
ST PETERSBURG FL 33707

TITLE ☐ DELETE

NAME  
DVPS  
SEMBLER, BRENT W  
STREET ADDRESS  
5858 CENTRAL AVE  
CITY-ST-ZIP  
ST PETERSBURG FL

TITLE ☐ DELETE

NAME  
D  
SEMBLER, M S  
STREET ADDRESS  
5858 CENTRAL AVE  
CITY-ST-ZIP  
ST PETERSBURG FL 33707

TITLE ☐ DELETE

NAME  
VTD  
SEMBLER, GREGORY S  
STREET ADDRESS  
5858 CENTRAL AVE  
CITY-ST-ZIP  
ST PETERSBURG FL 33707

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

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

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-07/09/96--01027--043  
\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: BY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96

(813) 384-6000

CR2E034 (12/95)