

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 # **V38264**

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

Principal Place of Business  
**5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

Mailing Address  
**5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SHER, CRAIG H.  
5858 CENTRAL AVENUE  
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 how it applies

(NOTE: Registered Agent has to be registered when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME **DC  
SEMBLER, MELVIN F.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE [ ] DELETE

NAME **DSV  
SEMBLER, BRENT W.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE [ ] DELETE

NAME **DVTS  
SEMBLER, GREGORY S.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE [ ] DELETE

NAME **DP  
SHER, CRAIG H.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE [ ] DELETE

NAME **D  
SHEEHAN, DENNIS M.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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**-04/30/99--01113--000**  
**\*\*\*\*158.75 \*\*\*\*158.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j) 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 to an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

777-384-6000

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