SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

APPROVED AND FILED

99 NOV 22 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

012145

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004110**

1. Corporation Name
NEV SPORTS INCORPORATED

Principal Place of Business	Mailing Address
9054 SEIDEL RD. WINTER GARDEN FL 34787	9054 SEIDEL RD. WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1995

2. Principal Place of Business
21 12008 Sandy Shores Dr.
22 Suite, Apt. #, etc.
23 City & State: Windermere FL
24 Zip: 34786 25 Country: USA

2a. Mailing Address
26 12008 Sandy Shores Dr.
27 Suite, Apt. #, etc.
28 City & State: Windermere FL
29 Zip: 34786 30 Country: USA

4. FEI Number: 91-1685706 ☐ Applied For ☐ Not Applicable

6. 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 the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEVILLE, BRUCE
9054 SEIDEL RD.
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12008 Sandy Shores Dr.
83
84 City: Windermere FL 85 Zip Code: 34786

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEVILLE, BRUCE		1.2 NAME	900003063509--9
STREET ADDRESS	9054 SEIDEL RD.		1.3 STREET ADDRESS	-12/07/99--01062--017
CITY-ST-ZIP	WINTER GARDEN FL 34787		1.4 CITY-ST-ZIP	******750.00 ******750.00
TITLE	VTDC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEVILLE, TONI		2.2 NAME	
STREET ADDRESS	9054 SEIDEL RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

REINSTATEMENT

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.

SIGNATURE: X Bruce Neville REQUIRED 10/10/99 (407) 6569818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)