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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086796 (4)

THE NEV CENTER, INC.

Principal Place of Business Mailing Address 2320 1ST STREET WEST BRADENTON FL 34208 2320 1ST STREET WEST **BRADENTON FL 34208** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1997 2. Principal Place of Business 2a. Mailing Address *65-07863*87 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** MALYSZKO, GERALD 2320 1ST STREET WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34208** 83 84 City

## **FILED** May 15 1998 8:00am Secretary of State



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 registored agont and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  OFFICIALITY OFFICIALITY OFFICIALITY OFFICIALITY OFFICIALITY OFFICIALITY OFFI			
12,	OFFICERS AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		1.1 TITLE	. Change Addition
NAME	MALYSZKO, GERALD	1.2 NAME	
STREET ADDRESS	2320 1ST STREET WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	1.4 CiTY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		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	OELETE	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	od in Section 119 07/3Vi) Elevida Statutes I further certify that the information

Indicated on this annual report or supplied with his hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trusted 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:

28. Malesake

941-747-1242

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Yes

Not Applicable