

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06331 (3)

1. Corporation Name
NELSON REFRIGERATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3626 "D" STREET OMAHA NE 68107		Mailing Address 3626 "D" STREET OMAHA NE 68107	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/05/1985	4. FEI Number 47-0578102
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	\$5.00 May Be Added to Fees
24	25	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MILTON L.	1.2 NAME	
STREET ADDRESS	3626 "D" STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68107	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MICHAEL J	2.2 NAME	
STREET ADDRESS	3638 "D" STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68107	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MYRNA L	3.2 NAME	
STREET ADDRESS	3626 "D" STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68107	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINFURTNER, CARL J SR.	4.2 NAME	
STREET ADDRESS	444 REGENCY DR., #100	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHY, JOSEPH L JR.	5.2 NAME	
STREET ADDRESS	2120 S. 72ND ST. #800	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68124	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Milton L. Nelson CEO* 1-27-98 403-734-0600

CR2E034 (10/97)