

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

FILED
May 06 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 # P23450 (0)
 1. Corporation Name
SNE ENTERPRISES, INC.



Principal Place of Business 888 SOUTHVIEW DRIVE MOSINEE WI 54455	Mailing Address P.O. BOX 800 MOSINEE WI 54455-0800 C/O NORTEK INC. 50 KENNEDY PLAZA PROVIDENCE RI 02903
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25 Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/17/1989	4. FEI Number 39-1638060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME SILVERMAN, JEFFREY S STREET ADDRESS 777 THIRD AVENUE CITY-ST-ZIP NEW YORK NY 10017	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME RICHARD L BREADY 1.3 STREET ADDRESS C/O NORTEK 50 KENNEDY PLAZA 1.4 CITY-ST-ZIP PROVIDENCE RI 02903	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DOOSKIN, HERBERT P STREET ADDRESS 777 THIRD AVENUE CITY-ST-ZIP NEW YORK NY 10017	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TREASURER 2.2 NAME RICHARD J. HARRIS 2.3 STREET ADDRESS 50 KENNEDY PLAZA 2.4 CITY-ST-ZIP PROVIDENCE RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GOLDENBERG, JOSEPH M STREET ADDRESS 2540 INDUSTRY WAY CITY-ST-ZIP LYNWOOD CA 90282	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SECRETARY 3.2 NAME KENIN W DONNELLY 3.3 STREET ADDRESS 50 KENNEDY PLAZA 3.4 CITY-ST-ZIP PROVIDENCE RI 02903	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SVP NAME WISE, C. LEWIS STREET ADDRESS 888 SOUTHVIEW DRIVE CITY-ST-ZIP MOSINEE WI 54455	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DIRECTOR 4.2 NAME RICHARD L BREADY 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME DOLCE, HOWARD E STREET ADDRESS 888 SOUTHVIEW DRIVE CITY-ST-ZIP MOSINEE WI 54455	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DIRECTOR 5.2 NAME RICHARD J. HARRIS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MIHALOVICH, GREG STREET ADDRESS 888 SOUTHVIEW DRIVE CITY-ST-ZIP MOSINEE WI 54455	<input checked="" type="checkbox"/> DELETE	6.1 TITLE DIRECTOR 6.2 NAME KENIN W. DONNELLY 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ **7/5/1998 751-1600**

CR2E034 (10/97)