PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400061269

1. Corporation Name

NORTEK GROUP, INC.

Principal Place of Business

Mailing Address

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90229 002 ***150.00



3200 SQUIH ANDREWS AVE., SUITE 101 FT. LAUDERDALE FL 33316		FT. LAUDERDALE FL 33316								
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 08/19/1994			ļ	
2. Principal P	lace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number		App	lied For	
21		26				65-0513084		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing	\$5	.00	May Be	
23		28	.8			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Count			8. This corporation owes the current year Intangible				
24	25				Personal Property Tax. Yes No					
	9. Name and Address of Current		10. Name and Address of New Registered Agent							
I					81 Name					
GRAHAM, JONATHAN - 3200 SOUTH ANDREWS AVE., SUITE 101 FT. LAUDERDALE FL 33316				2 5	Street Addres	Address (P.O. Box Number is Not Acceptable)				
				13						
			8	4 (City	F	85	Zip C	ode	
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		AND TO	W			when reinstating) DATE			\	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	jeni sk	gnature required v	ADDITIONS/CHANGES TO OFFICERS	AND DIDE	CTO	2C IAI 12	
TITLE	D OFFICERS AND	DIRECTORS	1.1 TITLE	:		ADDITIONS/CHANGES TO OFFICERS		$\overline{}$	Addition	
NAME	Graham, Jonathan		1.2 NAME					9		
	3200 SOUTH ANDREWS AVE., S	NITE 101	1.3 STRE		DDECC				ļ	
STREET ADDRESS	FT. LAUDERDALE FL 33316	OUTE TOT							,	
City-ST-ZIP	VPD	☐ DELETE	1.4 CITY- 2.1 TITLE		<u> </u>		☐ Cha	soge	Addition	
NAME	MAYER, TOWNSEND E.	<u></u>	2.2 NAME							
STREET ADDRESS	3200 S. ANDREWS AVE. #101		2.3 STRE		nnøege				{	
Į l	FT. LAUDERDALE FL		2.4 CITY			•				
CITY-ST-ZIP	TI. DAODENDAGE TE	DELETE	3.1 TITLE		JP		☐ Cha	enge	Addition	
NAME			3.2 NAME			•	_	•	_	
STREET ADDRESS			3.3 STRE		DRESS				į	
CITY-ST-ZiP			3.4. CITY							
TITLE		DELETE	4.1 TITLE				Cha	ange	Addition	
NAME			4. 2 NAMI	E						
STREET ADDRESS			4.3 STRE	ETAD	DRESS				}	
CITY-ST-ZIP			4.4 CITY-	ST-ZI	iP				İ	
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	ange	☐ Addition	
NAME			5.2 NAME	Ē					ļ	
STREET ADDRESS			5.3 STRE	ETAD	ORESS					
CITY-ST-ZIP			5.4 CITY-		IP					
tur€		☐ DELETE	6.1 TITLE	-			☐ Cha	ange	☐ Addition	
NAME		•	6.2 NAME	₽	J				ļ	
STREET ADDRESS			6.3 STRE	ET AD	DRESS					

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 of 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 attention with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 761 3678