

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056356 (4)

1. Corporation Name

NORTEK ENGINEERING SERVICES, INC.

FILED
May 06 1998 8:00am
Secretary of State



Principal Place of Business 1111 SOUTH COOPER DRIVE DETONA FL 32725		Mailing Address 1111 SOUTH COOPER DRIVE DETONA FL 32725	
2. Principal Place of Business 21 1317 N. Halifax Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 1317 N. Halifax Ave. Suite, Apt. #, etc.	
22 City & State 23 Daytona Beach, FL Zip 32118		27 City & State 28 Daytona Beach, FL Zip 32118	
24 Country U.S.		29 Country U.S.	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERA AVENUE CORAL GABLES FL 33134			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1996	
4. FEI Number 59-3386969	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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

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	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	P/S/T/D Beach, Ronald J 1317 N. Halifax Ave Daytona Beach, FL 32118	
NAME	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE	41.1 TITLE 41.2 NAME 41.3 STREET ADDRESS 41.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	41.1 TITLE 41.2 NAME 41.3 STREET ADDRESS 41.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	41.1 TITLE 41.2 NAME 41.3 STREET ADDRESS 41.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	41.1 TITLE 41.2 NAME 41.3 STREET ADDRESS 41.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	51.1 TITLE 51.2 NAME 51.3 STREET ADDRESS 51.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	51.1 TITLE 51.2 NAME 51.3 STREET ADDRESS 51.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	51.1 TITLE 51.2 NAME 51.3 STREET ADDRESS 51.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	61.1 TITLE 61.2 NAME 61.3 STREET ADDRESS 61.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	61.1 TITLE 61.2 NAME 61.3 STREET ADDRESS 61.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	61.1 TITLE 61.2 NAME 61.3 STREET ADDRESS 61.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

CR2E034 (1097)