

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **625317** (3)
1. Corporation Name
NORTHPORT, INC.



Principal Place of Business: **710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US**
Mailing Address: **710 N PLANKINTON AVE MILWAUKEE WI 53203-2404 US**

3. Date Incorporated or Qualified: **06/08/1979** 3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-1901153** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country: 26. Mailing Address: 27. Suite, Apt. #, etc.: 28. City & State: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**CT 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. City: 84. State: **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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEIN, GERALD	
STREET ADDRESS	710 N. PLANKINTON AVE	
CITY-STATE-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WIGCHERS, ARTHUR W.	
STREET ADDRESS	710 N. PLANKINTON AVE	
CITY-STATE-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JANZ, JAMES F	
STREET ADDRESS	710 N. PLANKINTON AVE	
CITY-STATE-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAABS, SUSAN K.	
STREET ADDRESS	710 N. PLANKINTON AVE	
CITY-STATE-ZIP	MILWAUKEE WI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	YOUNG, JAMES B	
STREET ADDRESS	710 N. PLANKINTON AVE	
CITY-STATE-ZIP	MILWAUKEE WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZILBER, JOSEPH J.	
STREET ADDRESS	710 N. PLANKINTON AVE	
CITY-STATE-ZIP	MILWAUKEE WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BORRIS, JAMES D.	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
2. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BRAUN, ROBERT E.	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
3. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	CHEVALIER, STEPHAN J.	
3. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
3. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
4. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	MADIGAN, MARK S.	
4. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
5. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	JAN M. ZORDANI	
5. STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
5. CITY-STATE-ZIP	MILWAUKEE, WI 53203	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mark S. Madigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark S. Madigan, Assistant Secretary

01/19/96 (414) 274-2433

CR2E034 (12/95)