

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90146 018 \*\*\*150.00

0527393

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 625317**  
 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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/08/1979**

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

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 owes the current year intangible Personal Property Tax.  Yes  No

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	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRAUN, ROBERT E.	
1.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1100	
1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BORRIS, JAMES D.	
2.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRANDLICH, JOHN R	
3.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
3.4 CITY-ST-ZIP	Milwaukee, WI 53203	
4.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHEVALIER, STEPHAN J.	
4.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DELISLE, SANDRA J.	
5.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MADIGAN, MARK S.	
6.3 STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200	
6.4 CITY-ST-ZIP	MILWAUKEE, WI 53203	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan  
 Assistant Secretary 1/18/99 (414) 274-2433  
 Date Daytime Phone #

CR2E034 (11/98)