

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 06 1997 8:00am  
Secretary of State

DOCUMENT # F92000000756 (8)

1. Corporation Name  
**NORPET (MICHIGAN), INC.**



Principal Place of Business

**550 AVE ROYALMOUNT, SUITE 200  
MONTREAL, QUEBEC  
CANADA H4P 1H7**

Mailing Address

**550 AVE ROYALMOUNT, SUITE 200  
MONTREAL, QUEBEC  
CANADA H4P 1H7**

3. Date Incorporated or Qualified

**12/17/1992**

3a. Date of Last Report

**02/21/1996**

4. FEI Number

**13-2980006**

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 5500 Ave Royalmount**

2a. Mailing Address

**26 5500 Ave Royalmount**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 200**

**27 Suite 200**

City & State

City & State

23 Zip

Country

28 Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 ☐ DELETE

NAME **PD ZAVALKOFF, NORMAN**  
STREET ADDRESS **5500 AVE. ROYALMOUNT, SUITE 200**  
CITY - ST - ZIP **MONTREAL, QUE., CANADA H4P1H7**

TITLE ☐ DELETE

NAME **ST SHAPIRO, PETER M**  
STREET ADDRESS **5500 AVE. ROYALMOUNT, SUITE 200**  
CITY - ST - ZIP **MONTREAL, QUE., CANADA H4P1H7**

TITLE ☐ DELETE

NAME **AV ROULEAU, ROBERT**  
STREET ADDRESS **808 THIRD STREET, SUITE C**  
CITY - ST - ZIP **NEPTUNE BEACH FL 32233**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

0628528

CR2E034 (9/96)