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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92000000756 (8)

FILED Feb 09 1998 8:00am Secretary of State

NORPET (MICHIGAN), INC.									
	,								
Principal Place	of Business	Mailing Address				-{	BORN OURS OUR		ilk Bill 1881
5500 AVE RO	YALMOUNT	5500 AVE ROYALMOUN	T						
STE 200		200 CANADA MAD AUZ			DO NOT WRITE IN THIS SPACE				
CANADA H4P 1H7 US		CANADA H4P 1H7 US			3. Date Incorporated or Qualified				
•		•				12/17/1992			
2. Principal PI	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			13-2980006			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				□ \$	8.75 A	Additional quired	
City & State)	City & State	City & State			6. Election Campaign Financing		5.00	May 8e
23		28			Trust Fund Contribution		Added t		
Zıp	Country	Zip		intry		8. This corporation owes or has paid	the current	year Inti	angible
24	26	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer			81	Alama	10. Name and Address of New Regi	stered Age	<u>it</u>	
CORPORATION SERVICE COMPANY				°'	Name				j
1201 HAYS STREET				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525				83	· · · · ·				
				ျီး					ļ
				84	City		FL 8	Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo					-named corno	oration submits this statement for the pur		nging it	s registered
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corporation	on's board of directors. I hereby accept	the appoint	nent as	registered
· ·	ni tamiliar with, and accept the boilg	A JOUGUS DI, BURIDIN MORE NO BRIDINE	IOTION SIN	iules.					i
SIGNATURE	Signature, typod or printed name of regulered ag-	ent and title if applicable (NO	TE Registere	d Agen	nt eignature require	d when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIF	ECTOR	S IN 12
TITLE	PD			1.1 TITLE				Change	☐ Addition
NAME	ZAVALKOFF, NORMAN		1.2 N	AME					
STREET ADDRESS	5500 AVE. ROYALMOUNT, S				address				
CITY-ST-ZIP	MONTREAL, QUE., CANADA H		140	ITY-ST	ZIP	<u> </u>			
TITLE	ST	☐ DELETE	211	ITLE			L	Change	Addition
NAME	SHAPIRO, PETER M		22 N	2 2 NAME		·			
STREET ADDRESS	5500 AVE. ROYALMOUNT, S				ADDRESS				
CITY-ST-ZIP	MONTREAL,QUE.,CANADA H			CITY-S	7-ZIP		-	Öberes	Addita
TITLE	AV	☐ DELETE	3.1 TI				ш	Change	Addition
NAME	ROULEAU, ROBERT			AME					
STREET ADDRESS	808 THIRD STREET, SUITE C NEPTUNE BEACH FL 32233				ADDRESS				
CITY-ST-ZIP TITLE	NEFTUNE DEACH PL 32233	DELETE	3.4. U	HIY-SI	1-ZIP	,· ,, -w		Change	Addition
NAME		L.J OLELIC	4.21		1			Disango	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1	ITY-ST	1				
TITLE		DELETE	5.1 TI		1-21			Change	Addition
NAME			5.2 N					•	
STREET ADDRESS			4		ADDRESS				
CITY-SI-ZIP			-	ITY-ST					
TITLE		DELETE	6.1 TI		· - · ·			Change	Addition
NAME			62 N	AME					*
STREET ADDRESS					ADORESS				
CITY-ST-ZIP				ITY-ST					
	ertily that the information supplied v	vith this filing does not qualify				Section 119.07(3)(i), Florida Statutes. I fu	rther certify	that the	information

indicated on this annual eport or supplied with this limit does not quality to the exemption stated in Section 119.07(3)(), Florida Statules. Turnet certify that the information indicated on this annual eport 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 carryoration 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 chapter 6, or on an attachment with an address.