

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F95000001995 (8)

1. Corporation Name

NORTHFIELD MANAGEMENT CORP.



Principal Place of Business

**8317 SHADOW PINE WAY
SARASOTA FL 34238**

Mailing Address

**8317 SHADOW PINE WAY
SARASOTA FL 34238**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Office

Signature of Registered Agent or Registered Office

Date

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	BLEIBERG, LAWRENCE J	
STREET ADDRESS	8317 SHADOW PINE WAY	
CITY-STATE-ZIP	SARASOTA FL 34238	
TITLE	VS	☐ DELETE
NAME	BLEIBERG, JUDITH	
STREET ADDRESS	8317 SHADOW PINE WAY	
CITY-STATE-ZIP	SARASOTA FL 34238	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
1. TITLE		
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. 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(4)(g), 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 registered 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 amendment with an address.

SIGNATURE:

Lawrence J. Bleiberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAWRENCE J.
BLEIBERG**

3/13/96

941-927-3708

CR2E034 (12/95)