

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J04659

(5)

1. Corporation Name  
TRANSFIELD, INC.

Principal Place of Business

C/O JOHN G. IGOE  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

Mailing Address

C/O JOHN G. IGOE  
250 ROYAL PALM WAY  
PALM BEACH FL 33480-4309

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

IGOE, JOHN G.  
C/O EDWARD & ANGELL  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

3. Date Incorporated or Qualified

03/18/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2671040

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

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S HENCKELS, KIRK  
1160 FIFTH AVE.  
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TDP HENCKELS, KIRK  
1160 FIFTH AVE.  
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2-1 TITLE

2-2 NAME

2-3 STREET ADDRESS

2-4 CITY-ST-ZIP

3-1 TITLE

3-2 NAME

3-3 STREET ADDRESS

3-4 CITY-ST-ZIP

4-1 TITLE

4-2 NAME

4-3 STREET ADDRESS

4-4 CITY-ST-ZIP

5-1 TITLE

5-2 NAME

5-3 STREET ADDRESS

5-4 CITY-ST-ZIP

6-1 TITLE

6-2 NAME

6-3 STREET ADDRESS

6-4 CITY-ST-ZIP

new address only  
P.O. Box 628  
Bangall, NY 12506 (N/A)

P.O. Box 628  
Bangall, NY 12506 (N/A)

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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]*

4/23/97 212 570 21480

FILED  
May 20 1997 8:00am  
Secretary of State



CR2E034 (9/96)