

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J93039

(2)

1. Corporation Name

NORFIELD, INC.

Principal Place of Business

5572A NORTH OCEAN BLVD  
OCEAN RIDGE FL 33435  
US

Mailing Address

5572A NORTH OCEAN BLVD  
OCEAN RIDGE FL 33435  
US



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

SOSNER, ALAN  
5572A NORTH OCEAN BLVD  
OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified

09/18/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0009627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

Ronning, Jens P.

82 Street Address (P.O. Box Number is Not Acceptable)

5572A North Ocean Blvd.

83

84 City

Ocean Ridge,

FL

85 Zip Code

33435

11. Pursuant to the provisions of Sections 607.0102 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0506, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent Signature required when reappointing)

DATE

2/5/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RONNING, JENS P.  
STREET ADDRESS 5572A NORTH OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE FL

TITLE VS ☒ DELETE

NAME SOSNER, ALAN  
STREET ADDRESS 5572A NORTH OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 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

100001820581  
-05/14/96--01077--006  
\*\*\*200.00

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(3)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENS PETER RONNING

4/24/96

Date

407/737-1500

Daytime Phone #

CR2E034 (12/95)

4/96