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 # **G16303** **(1)**

1. Corporation Name

KOZYAK TROPIN & THROCKMORTON, P.A.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. SUITE 2800 MIAMI, FL. 33131 US	200 S. BISCAYNE BLVD. SUITE 2800 MIAMI, FL. 33131 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **12/07/1982**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-2240304** ☐ 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

9. Name and Address of Current Registered Agent

KOZYAK, JOHN W.
200 S. BISCAYNE BLVD.
SUITE 2800
MIAMI FL 33131

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: Jol W. Koyak DATE: 1/29/96

Signature, Typed or Printed Name of Registered Agent and Title, if applicable — (NOTE: Registered Agent signature required if changing)

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	KOZYAK, JOHN W	
STREET ADDRESS	9840 SW 63RD CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	☐ DELETE
NAME	TROPIN, HARLEY S.	
STREET ADDRESS	5845 SW 93 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	THROCKMORTON, CHARLES W.	
STREET ADDRESS	10650 S.W. 68TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	HARTMANN, KENNETH R	
STREET ADDRESS	445 MONORCA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	HUCK, PAUL C.	
STREET ADDRESS	906 AGUERO AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	☐ DELETE
NAME	WILLIAM XANTTOPOULOS	
STREET ADDRESS	6900 S.W. 94TH STREET	
CITY-ST-ZIP	MIAMI, FL 33156	

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		☐ 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	700001722507	
4.3 STREET ADDRESS	-02/23/96--01037--003	
4.4 CITY-ST-ZIP	***208.75	
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		

CR2E034 (12/95)

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: Jol W. Koyak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (305) 372-1800
Date / Daytime Phone #