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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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. 33131-2335 US

3. Date Incorporated or Qualified: **12/07/1982**
3a. Date of Last Report: **02/20/1996**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip / 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip / 30 Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DP** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**KOZYAK, JOHN W**	1.2 NAME	
STREET ADDRESS	**9840 SW 63RD CT**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI, FL 00000**	1.4 CITY-ST-ZIP	
TITLE	**VD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**TROPIN, HARLEY S.**	2.2 NAME	
STREET ADDRESS	**5845 SW 93 ST**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL**	2.4 CITY-ST-ZIP	
TITLE	**SD** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**THROCKMORTON, CHARLES W.**	3.2 NAME	
STREET ADDRESS	**10650 S.W. 68TH AVENUE**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL**	3.4 CITY-ST-ZIP	
TITLE	**D** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**HARTMANN, KENNETH R**	4.2 NAME	
STREET ADDRESS	**445 MONORCA AVENUE**	4.3 STREET ADDRESS	
CITY-ST-ZIP	**CORAL GABLES FL**	4.4 CITY-ST-ZIP	
TITLE	**D** ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	**HUCK, PAUL C**	5.2 NAME	
STREET ADDRESS	**906 AGUERO AVENUE**	5.3 STREET ADDRESS	
CITY-ST-ZIP	**CORAL GABLES FL 33146**	5.4 CITY-ST-ZIP	
TITLE	**D** ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	**XANTTOPOULOS, WILLIAM G**	6.2 NAME	
STREET ADDRESS	**6900 S.W. 94TH STREET**	6.3 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL 33156**	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

I, 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.

GNATURE: JOHN W. KOZYAK 04/25/97 (305)372-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #