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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

G16303

(1)

KOZYAK TROPIN & THROCKMORTON, P.A.

| Principal Pla | ce of Business | Mailing Address | | | (Sit Aibit Biñis BiBit Aibit 1881 |
|--|--|--|-------------------------------------|---|------------------------------------|
| 200 S. BISC SUITE 2800 MIAMI, FL.' US | | 200 S. BISCAYNE BLVD. SUITE 2600 MIAMI. FL.* 33131 US | | DO NOT WRITE IN TH 3. Date Incorporated or Qualified 12/07/1982 | IIS SPACE |
| 2. Principal | Place of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| 21 | | 26 | | 59-2240304 | Not Applicable |
| Suite, Ap | l. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Sta | ate | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | T | 28 | Country | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible X Yes No |
| [24] | g. Name and Address of Curren | | 1301 | 10. Name and Address of New Register | |
| | | | 81 Name | | |
| 200 S. BISCAYNE BLVD. SUITE 2800 | | | | ress (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33131 | | | 63 | | |
| | | | 84 City | F | 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 age | | F Registered Agent signature requi- | red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A | |
| 12. | OFFICERS AND | DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAME | KOZYAK, JOHN W | | 1.2 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | l |
| CITY-ST-ZIP | MIAMI, FL 00000 | | 1.4 City-St-ZiP | | |
| TITLE | VD VD | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TROPIN, HARLEY S. | | 2.2 NAME | | |
| STREET ADDRESS | | | 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 | | | 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 | | |

14. I 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 suppliemental 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 of 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. HARLEY S. TROPIN CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

HUCK, PAUL C

906 AGUERO AVENUE

CORAL GABLES FL 33146

XANTTOPOULOS, WILLIAM 6

6900 S.W. 94TH STREET

4/20/98

ISICOFF, LAUREL M.

12730 S.W. 77 COURT

(305)372 - 1800

Change

Change

☐ Addition

X Addition

FILED

Apr 28 1998 8:00am

Secretary of State