FILED

Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90015 037 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

KOZYAK TROPIN & THROCKMORTON, P.A.

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Principal Place of Business 200 S. BISCAYNE BLVD.				200 S. BISCAYNE BLVD.										
SUITE 2800				SUITE 2800										
MIAMI. FL.' 33131			MIAMI.	MIAMI. FL.' 33131					DO NOT WRITE IN THIS SPACE					
US	2	••• ••• · · · · · · · · · · · · · · · ·	US					·	 Date Incorporated 12/07/1982 	d or Qualified	`		•	-
2. Principal P	lace of Busi	ness	2a. Ma	ailing Address					4. FEI Number				Applied Fo	or
21			26						59-2240304				Not Applic	able
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of State	tue Decired		\$8.7	5 Addition	al
22			27	27					5. Certificate of Star	ius Desired		Fee	Required	
City & State			Cit	City & State					6. Election Campaig	gn Financing		•	0 May Be	- 1
23			28	28					Trust Fund Contr	ibution	Ш	Adde	d to Fees	
Zip		Country	Zip)		Country			8. This corporation		ent year	٦.,	П.,.	
24	•	25	29	-1.0	30	<u> </u>			Intangible Persor		<u> </u>	Yes	∐ No	
	9. Name	and Address of Curre	nt Registere	ed Agent		81		1	10. Name and Addr	ess of New F	Registered	Agent		
K020	VAV IOUN	1 \A/				81	N	lame					•	
KOZYAK, JOHN W. 200 S. BISCAYNE BLVD.							S	Street Addres	Address (P.O. Box Number is Not Acceptable)					
SUITE 2800														
	/I FL 3313	1				83	'							
 MILVIA	MI I E 3010	'				84	C	City		•	FL	85 Z	ip Code	
11. Pursuan	t to the provi	sions of sections 607.050	02 and 607.1	508, Florida Sta	tutes, th	ne above	-nar	med corporal	tion submits this stater	nent for the pu	urpose of c	hanging its	registered	,
office or	registered a	gent, or both, in the State with, and accept the oblig	e of Florida	Such change wa	as autho	onzed by	v tne	e corporation	's board of directors. I	nereby accep	ot the appo	intment as	registered	,
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CICALATUDE		, 2	3	.0000. 100 1101105	, Flutida	James	s.							_
SIGNATURE	Signature, type	d or printed name of registered age					s.	t signature require	ed when reinstating)		DATE			-
SIGNATURE	Signature, type		ent and title if app	olicable.		Registered /	s.	t signature require	ad when reinstating) ADDITIONS/CHAI	NGES TO OF				12
	Signature, type	d or printed name of registered age OFFICERS AI	ent and title if app	olicable.	(NOTE: F	Registered / 13. 1.1 TITLE	Agent	t signature require		NGES TO OF		ND DIREC		-
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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 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:

305. 372. 1800