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).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90015 037 ***550.00

037076

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G16303

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1982

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

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 owes the current year Intangible Personal Property. ☐ 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	ISICOFF, LAUREL M		6.2 NAME	
STREET ADDRESS	12730 SW 77 CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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: Laurel M Isicoff SIGNATURE REQUIRED 8/31/99 305.372.1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #