
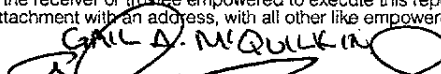


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

|   |  |                                       |   |  |  |
|---|--|---------------------------------------|---|--|--|
| <b>DOCUMENT # G16303</b><br>1. Entity Name<br><b>KOZYAK TROPIN &amp; THROCKMORTON, P.A.</b>   |  |                                       |   |   |  |
| Principal Place of Business<br><b>200 S. BISCAYNE BLVD.<br/>SUITE 2800<br/>MIAMI, FL 33131<br/>US</b>   |  |                                       | Mailing Address<br><b>200 S. BISCAYNE BLVD.<br/>SUITE 2800<br/>MIAMI, FL 33131<br/>US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc  |  |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |  |                                       | City & State  |  |  |
| Zip   |  | Country                               |   | 4. FEI Number <b>59-2240304</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b> |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KOZYAK, JOHN W.<br/>200 S. BISCAYNE BLVD.<br/>SUITE 2800<br/>MIAMI FL 33131</b>   |  |                                       |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |                                       |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |                                       |   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>  |  |                                       |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>KOZYAK, JOHN W<br>9840 SW 63RD CT<br>MIAMI, FL 00000           |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | U00000038544<br>02/06/04-80143-014 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>TROPIN, HARLEY S.<br>5845 SW 93 ST<br>MIAMI FL                 |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>THROCKMORTON, CHARLES W.<br>10650 S.W. 68TH AVENUE<br>MIAMI FL |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HARTMANN, KENNETH R<br>113605 SW 60 AVE<br>MIAMI FL 33156       |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MCQUILKIN, GAIL A<br>1521 ALTON RD 545<br>MIAMI BEACH FL 33139  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |                                       |   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>1/22/2004</b><br/> <small>Date</small> </div> <div> <b>305-372-1800</b><br/> <small>Daytime Phone #</small> </div> </div>   |  |                                       |   |  |  |