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Secretary of State

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L58551</b>					
1. Corporation Name <b>ZYMING, INC.</b>					
Principal Place of Business 2525 MOODY BLVD 2656 SOUTH A1A FLAGLER BEACH FL 32136 US			Mailing Address P.O. BOX 1869 2656 SOUTH A1A FLAGLER BEACH FL 32136 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2525 MOODY BLVD		26 P.O. BOX 1869		03/15/1990	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 FLAGLER BEACH FL		28 FLAGLER BEACH, FL		59-3002587	
24 32136		25 USA		29 32136 30 USA	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ARVE, RICHARD 2656 SOUTH A1A P. O. BOX 1869 FLAGLER BEACH FL 32136			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
			FL		
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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME ARVE, RICHARD P STREET ADDRESS 2656 S A1A POB 1869 CITY-ST-ZIP FLAGLER BEACH FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VP NAME MURZYN, JOHN STREET ADDRESS 2656 S A1A POB 1869 CITY-ST-ZIP Flagler Beach, Fl			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)