PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L58551

## FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90054 002 \*\*\*150.00

1. Corporation	Name					
ZYMING,	INC.					
20111111111111				1 10 \$ 110 11 10 11 10 10 10 10 10 10 10 10 10		
Principal Place	of Business Mailing Address			I 40 Bit 811 Bit	TE BIBSL BIBSL BI	ēli ātāti lasi
2525 MOODY BE	LVD P.O BOX 1869			·		
2656 SOUTH A1	A 2656 SOUTH A1A			DO NOT WRITE IN THIS S	SPACE	
FLGLER BEACH FL 32136 FLGLER BEACH FL 32136 US US				3. Date Incorporated or Qualified		
US	03			03/15/1990		
2 Principal Pl	ace of Business 2a. Mailing Address			4. FEI Number	Apr	olied For
21 25	. —	86	9	59-3002587	Not	Applicable
Suite, Apt.	#, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	27 City & State			6 Floation Compaign Financing	\$5.00	
City & State	LER BEACH FL 28 FLAGLER	82	ACH, FC	6. Election Campaign Financing Trust Fund Contribution	Added to	-
Zip	Country	Count		8. This corporation owes the current year Inta		□No
24 321	<del>-</del>		15A	t croonarr roporty rans		□N0
	9. Name and Address of Current Registered Agent		1 Name	10. Name and Address of New Registered A	igent	
ARVE, RICHARD 2656 SOUTH A1A P. O. BOX 1869			2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
			3			• • • •
	ER BEACH FL 32136	Ľ			· ·	
i Loc		8	4 City	, FL	85 Zip C	Code
44 Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,	the abo	ve-named corpo	oration submits this statement for the nurnose of o	changing its	registered
office or re	to the provisions of Sections 607.0502 and 507.1506, Fibrial Statutes, egistered agent, or both, in the State of Florida. Such change was auth in familiar with, and accept the obligations of, Section 607.0505, Florida	orizea i	ov trie corporatio	on's board of directors. I hereby accept the appoin	tment as reg	gistered
-	m familiar with, and accept the obligations of, Section 607.0000, Florida	Olului				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered A	gent signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P □.DELETE	1.1 TITL	≣		☐ Change	☐ Addition
NAME	ARVE, RICHARD P	1.2 NAM	E			
STREET ADDRESS	2656 S A1A POB 1869	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	FLGLER BEACH FL		-ST-ZIP		Change	Addition
TITLE	VP DELETE	2.1 TITL			[	L Addition
NAME	MURZYN, JOHN	2.2 NAM				
STREET ADDRESS	2656 S A1A POB 1869		EET ADORESS			
CITY-ST-ZIP	Flagler Beach Fl		/- ST- ZIP		Change	Addition
TITLE	DELETE	3.1 TI∏.			onungo	
NAME		3.2 NAW				
STREET ADDRESS			EET ADDRESS			
CITY-ST-ZIP	☐ DELETE	4.1 TITL	/-ST-ZIP		Change	☐ Addition
TITLE		4. 2 NA	1	•	_ ,	_
NAME			EET ADDRESS			į
STREET ADDRESS			-ST-ZIP			ļ
CITY-ST-ZIP	☐ DELETE	5.1 TITL			Change	Addition
	_	5.2 NAM				
NAME STREET ADDRESS		5.3 STR	EET ADDRESS			
****		5.4 CITY	-ST-ZIP			
CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITL	E		☐ Change	☐ Addition
NAME		6.2 NAM	E			1
STREET ADDRESS		6.3 STR	EET ADDRESS			. ]
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING DEFINER OR DIRECTOR

1-25-99

904-439-3305

Daytime Phone #

:R2E034 (11/98)