

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worthington  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05/30/95 11:08:22

DOCUMENT # **P94000002303 (3)**

1. Corporation Name:

**ZYME-TECH, INC.**

Principal Place of Business:

**4977 NW 72ND TERRACE  
LAUDERHILL FL 33319**

Mailing Address:

**4977 NW 72ND TERRACE  
LAUDERHILL FL 33319**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

**01/11/1994**

3a. Date of Last Report

4. FFI Number

**65-0461036**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business:

**21 1380 NW 65TH AVENUE**

2b. Mailing Address:

**26 1380 NW 65TH AVENUE**

State, Apt. #, etc.

**22 SUITE G**

State, Apt. #, etc.

**27 SUITE G**

City & State

**23 PLANTATION, FL**

City & State

**28 PLANTATION, FL**

Zip

**24 33313**

Country

**25 BROWARD**

Zip

**29 33313**

Country

**30 BROWARD**

9. Name and Address of Current Registered Agent

**FISICHELLA, ANTHONY J  
4977 NW 72ND TERRACE  
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

**81 J. MICHAEL DURHAM  
82 Street Address (P.O. Box Number is Not Acceptable)  
1380 NW 65TH AVENUE  
83 SUITE G  
84 City PLANTATION FL 85 Zip Code 33313**

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)

*J. Michael Durham* **5/30/95**

12. OFFICERS AND DIRECTORS

|                |                                          |
|----------------|------------------------------------------|
| TITLE          | <b>PRESIDENT</b>                         |
| NAME           | <b>J. MICHAEL DURHAM</b>                 |
| STREET ADDRESS | <b>2001 BAYBEARY DRIVE</b>               |
| CITY, ST, ZIP  | <b>PEMBROKE PINES, FL 33024</b>          |
| TITLE          | <b>EXECUTIVE VP</b>                      |
| NAME           | <b>DR. BARRY LISS</b>                    |
| STREET ADDRESS | <b>150 N COMPASS DRIVE</b>               |
| CITY, ST, ZIP  | <b>FT LAUDERDALE, FL 33308</b>           |
| TITLE          | <b>VP FINANCE &amp; ADMIN. TREASURER</b> |
| NAME           | <b>ANTHONY J. SICCARDI</b>               |
| STREET ADDRESS | <b>656 NW 12TH TERRACE</b>               |
| CITY, ST, ZIP  | <b>BOCA RATON, FL 33486</b>              |
| TITLE          | <b>VP SECRETARY</b>                      |
| NAME           | <b>LAURIE DURHAM</b>                     |
| STREET ADDRESS | <b>2001 BAYBEARY DRIVE</b>               |
| CITY, ST, ZIP  | <b>PEMBROKE PINES, FL 33024</b>          |
| TITLE          | <b>VP MGR SVS</b>                        |
| NAME           | <b>REGGIE VOKES</b>                      |
| STREET ADDRESS | <b>1500 NW 1ST COURT UNIT 109</b>        |
| CITY, ST, ZIP  | <b>PLANTATION, FL 33317</b>              |
| TITLE          |                                          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY, ST, ZIP  |                                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 15 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME           |                                                                   |
| 17 STREET ADDRESS |                                                                   |
| 18 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 TITLE          |                                                                   |
| 20 NAME           |                                                                   |
| 21 STREET ADDRESS |                                                                   |
| 22 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 TITLE          |                                                                   |
| 24 NAME           |                                                                   |
| 25 STREET ADDRESS |                                                                   |
| 26 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 TITLE          |                                                                   |
| 28 NAME           |                                                                   |
| 29 STREET ADDRESS |                                                                   |
| 30 CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name  
appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*J. Michael Durham*  
**J. MICHAEL DURHAM, PRESIDENT**

**5/30/95 305/792-2370**