

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000002303 (3)**

1. Corporation Name

**ZYME-TECH, INC.**



Principal Place of Business

**1380 NW 65TH AVE  
STE G  
PLANTATION FL 33313  
US**

Mailing Address

**1380 NW 65TH AVE  
STE G  
PLANTATION FL 33313  
US**

3. Date Incorporated or Qualified

**01/11/1994**

3a. Date of Last Report

**06/02/1995**

4. FEI 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** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**DURHAM, J MICHAEL  
1380 NW 65TH AVE  
STE G  
PLANTATION FL 33313**

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 607.0532 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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DURHAM, J MICHAEL**  
STREET ADDRESS **2001 BYBERRY DR**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **EVP** ☒ DELETE

NAME **LISS, BARRY**  
STREET ADDRESS **150 N COMPASS DR**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VP** ☒ DELETE

NAME **SICCARDI, ARTHUR J**  
STREET ADDRESS **656 NW 12TH TERR**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VPS** ☐ DELETE

NAME **DURHAM, LAURIE**  
STREET ADDRESS **2001 BAYBERRY DR**  
CITY-ST-ZIP **OWMBROKE PIENS FL**

TITLE **VP** ☒ DELETE

NAME **VOKES, REFFIE**  
STREET ADDRESS **7500 NW 1ST CT UNIT 109**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*J. Michael Durham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**  
Date

**954-792-2370**  
Daytime Phone #

CR2E034 (12/95)