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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400002303 (3)

ZYME-TECH, INC.

FILED
Jan 21 1997 8:00am
Secretary of State

Principal Place of Business		Maing Address	Maining Address				N EBSI KBIID	FILLER PHILE WAS	 10)1 1001
1380 NW 65TH AVE		1380 NW 65TH AVE							
STE G Plantation FL 33313		STE G	STE G PLANTATION FL 33313-4555						
US	L 33313	US	9300			3. Date incorporated or Qualified 01/11/1994		ate of Last I	Report
2. Principal P	ace of Business	2a. Mailing Address			<u>.</u>	4. FEI Number	1 00,		Applied For
21		26	26			65-0461036			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27	27			5. Certificate of Status Desired	J	Fee F	Required
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country			8. This corporation has liability for			s. 199.032,
24	25 29		30			Florida Statutes Yes No			
	9. Name and Address of Curro	ent Registered Agent		04	N1	10. Name and Address of New Ro	gistered	Agent	.,
	HAM, J MICHAEL			81	Name				
) NW 65TH AVE		82 Street Addr			ess (P.O. Box Number is Not Accepta	ble)		
STE	-								
PLA	NTATION FL 33313			83					
				84	City			85 Zip	Code
							<u>FL</u>		
11. Pursuant I	to the provisions of Sections 607.05	502 and 607,1508, Florida Sta Le of Florida, Such change wa	tutes, the al	bove d hu	 named corporation 	pration submits this statement for the pon's board of directors. I hereby acce	purpose of of the and	f changing	its registered s registered
agent Lai	m familiar with and accept the obli	gations of, Section 607.0505,	Florida Stat	tutes.		in a social of amounts of thoras, association	pr and upp	· · · · · · · · · · · · · · · · · · ·	5 / 4 g/ 4 (6/64
SIGNATURE									
	Signature typest or portect name of registers 1 a			d Ager	il signature require	o when reinstating)	DATE	NOFOTO	50 11 40
12.	OFFICERS AND DIRECTORS DELETE		13.			ADDITIONS/CHANGES TO OFFIC	JEHS ANL	Change	
TITLE	DURHAM, J MICHEAL			1.1 TITLE				C Change	
AAA CAMATARU BB			1.2 NAME 1.3 STREET ADDRESS			-			
STREET ADDRESS	PEMBROKE PINES FL.		1						
CITY-ST-ZIP	VPS	DELETE	1 4 CITY-ST-ZIP LETE 2 1 TITLE		- ZIP			Change	Addition
TITLE	DURHAM, LAURIE	ום סגונונ						L Criange	Addition
NAME ATTECT ASSESSED	2001 BAYBERRY DR			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	OWMBROKE PIENS FL								
C-TY - ST - ZIP TITLE	OMMUNONE FIEND FE	DELETE	2 4 C	THE	1-ZIP		· .	Change	Addition
NAME	DELL'IE		1	3.2 NAME				onange	Land Florido
					LODOCOO				
STREET ADDRESS			3		ADDRESS				ļ
CITY-ST-ZIP TITLE	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition
				4. 2 NAME				C. Cinange	
NAME CODELL ACCOUNCE				4.3 STREET ADDRESS					
STREET ADDRESS				ITY-SI					
CITY-SI-ZIP TITLE				- FIL			Change	Addition	
NAME		banal P - 475 F	5.2 N						
STREET ADDRESS			1		ADDRESS				
				INECT I					
CITY-ST-ZIP		DELETE	5.4 U		7.24F			Change	Addition
NAME		- Decemb	62 N						
1					ADDRESS				
STREET ADDRESS			035	INCEL	ML/L/MC00				

14. I do hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/10/97 954-792-2370
Date Destine Phone #