

**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

**FILED**  
Apr 19 1996 8:00 am  
Secretary of State

DOCUMENT # **545651 (2)**

1. Corporation Name  
**ZOM MANAGEMENT, INC.**



Principal Place of Business: **ZOM LEE OFFICE CENTER  
2269 LEE ROAD  
WINTER PARK FL 32789**

Mailing Address: **ZOM LEE OFFICE CENTER  
2269 LEE ROAD  
WINTER PARK FL 32789**

3. Date Incorporated or Qualified: **09/20/1977**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-1823097**

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 (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **ZYDERVELD, JOOST P  
2269 LEE ROAD  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS    |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|-------------------------------|-------------------------------|---|--|
| TITLE: PD                     | NAME: ZYDERVELD, JOOST P      | 11 TITLE: VD  | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 2269 LEE ROAD | CITY-ST-ZIP: WINTER PARK FL   | 12 NAME: Zydeveld, Joost P.                           |  |
|                               |                               | 13 STREET ADDRESS: same                               |  |
|                               |                               | 14 CITY-ST-ZIP:                                       |  |
| TITLE: VST                    | NAME: BOSCHMANS, ERIC, F., J. | 21 TITLE: P   | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| STREET ADDRESS: 2269 LEE RD   | CITY-ST-ZIP: WINTER PARK FL   | 22 NAME: Patterson, Steven W.                         |  |
|                               |                               | 23 STREET ADDRESS: 2269 LEE ROAD                      |  |
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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, and is attached to an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Eric F. Boschmans

Daytime Phone #: 407 644 6300

CR2E034 (12/95)

*[Handwritten initials]*