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Apr 16 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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



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 32789-7216

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/20/1977	04/19/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1823097	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZYDERVELD, JOOST P 2269 LEE ROAD WINTER PARK FL 32789				81 Name	ERIC F.J. BOSCHMANS		
				82 Street Address (P.O. Box Number is Not Acceptable)	2269 LEE RD		
				83			
				84 City	WINTER PARK	FL	85 Zip Code 32789

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: *[Signature]* DATE: 1/31/97

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZYDERVELD, JOOST P			1.2 NAME			
STREET ADDRESS	2269 LEE ROAD			1.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL			1.4 CITY - ST - ZIP			
TITLE	P VS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOSCHMANS, ERIC, F., J.			2.2 NAME	BOSCHMANS, ERIC F.J.		
STREET ADDRESS	2269 LEE RD			2.3 STREET ADDRESS	2269 LEE RD		
CITY - ST - ZIP	WINTER PARK FL			2.4 CITY - ST - ZIP	WINTER PARK FL 32789		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, STEVEN W			3.2 NAME			
STREET ADDRESS	2269 LEE ROAD			3.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1/31/97 DAYTIME PHONE #: (407) 644-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)