

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 545651 (2)**

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



Principal Place of Business 1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO FL 32810	Mailing Address 1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO FL 32810
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>09/20/1977</b>	Applied For
4. FEI Number <b>59-1823097</b>	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOSCHMANS, ERIC**  
 2269 LEE RD  
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name **BOSCHMANS, ERIC**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1950 SUMMIT PK. DR.**

83 **#300**

84 City **ORLANDO** FL 85 Zip Code **32810**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Eric F. J. Boschmans**  
 Executive Vice President DATE **1/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZYDERVELD, JOOST P</b>	1.2 NAME
STREET ADDRESS	<b>2269 LEE ROAD</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSCHMANS, ERIC</b>	2.2 NAME <b>BOSCHMANS, ERIC</b>
STREET ADDRESS	<b>2269 LEE RD</b>	2.3 STREET ADDRESS <b>1950 SUMMIT PK. DR., #300</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	2.4 CITY-ST-ZIP <b>ORLANDO, FL 32810</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, STEVEN W</b>	3.2 NAME <b>P. D PATTERSON, STEVEN W.</b>
STREET ADDRESS	<b>2269 LEE ROAD</b>	3.3 STREET ADDRESS <b>1950 SUMMIT PK. DR. #300</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	3.4 CITY-ST-ZIP <b>ORLANDO, FL 32810</b>
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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Eric F. J. Boschmans** 1/14/98 (407)644-6300

CR2E034 (10/97)