

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 22 AM 9:01

DOCUMENT # **N05376** (1)

1. Corporation Name  
**ZOM LEE II, INC.**

Principal Place of Business Mailing Address  
**2269 LEE ROAD WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/27/1984** 3a. Date of Last Report **04/21/1994**  
4. FEI Number **59-2599347** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes  Yes  No

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 Name **ZOM Realty, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2269 Lee Road**  
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. **ZOM Realty, Inc.**

SIGNATURE *Samuel C. Stephens, III* **Samuel C. Stephens, III, President** 3/13/95  
Signature typed on printed name of signing officer or director (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHIPP RICHARD
STREET ADDRESS	2273 LEE RD
CITY-ST-ZIP	WINTER PARK FL
TITLE	VSTD
NAME	ZYDERVELD JEANETTE D
STREET ADDRESS	2269 LEE RD
CITY-ST-ZIP	WINTER PARK FL
TITLE	PD
NAME	ZYDERVELD, JEANETTE D.
STREET ADDRESS	2269 LEE ROAD
CITY-ST-ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shipp, Richard	
1.3 STREET ADDRESS	2273 Lee Road	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zydeveld, Jeanette D.	
2.3 STREET ADDRESS	2269 Lee Road	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Jeanette Zyderveld* **Jeanette Zyderveld** 3/13/95 (407) 644-6300  
Signature typed on printed name of signing officer or director Date Daytime Phone #