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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90174 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05376

1. Corporation Name
ZOM LEE II, INC.

Principal Place of Business 151 SOUTHHALL LANE, STE 245/MCCAIN MAITLAND FL 32751-1778	Mailing Address 151 SOUTHHALL LANE, STE 245/MCCAIN MAITLAND FL 32751-1778
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2. Principal Place of Business 21 2200 LUCIEN WAY. Suite, Apt. #, etc. 22 SUITE 330 City & State 23 MAITLAND, FLORIDA	2a. Mailing Address 26 P.O. Box 940430 Suite, Apt. #, etc. 27 City & State 28 MAITLAND, FLORIDA Zip Country 29 32794-0430 30 USA.	3. Date Incorporated or Qualified 09/27/1984	4. FEI Number 59-2599347 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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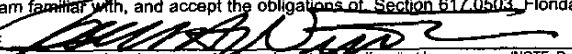
9. Name and Address of Current Registered Agent

ZOM REALTY INC
2269 LEE ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name **JAMES A. WILDER**
82 Street Address (P.O. Box Number is Not Acceptable)
1214 GERMAINE DRIVE
83
84 City **WINTER PARK, FL** 85 Zip Code **32789**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  **JAMES A. WILDER** DATE **4/27/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIPP RICHARD	
STREET ADDRESS	2273 LEE RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SPENCE, SERENA	
STREET ADDRESS	151 SOUTHHALL LN #245	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOSCHMAN, ERIC F	
STREET ADDRESS	2269 LEE ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VSTD SPENCE, SERENA
2.3 STREET ADDRESS	2200 LUCIEN WAY, SUITE 330
2.4 CITY-ST-ZIP	MAITLAND, FL. 32751
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RICHARD L SHIPP** DATE **4/28/99** DAYTIME PHONE # **407-539-2757**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)