

4-16-97 B-4725 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 09/20/1977		3a. Date of Last Report 04/19/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1823097		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. 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 ZYDERVELD, JOOST P 2269 LEE ROAD WINTER PARK FL 32789				10. Name and Address of New Registered Agent			
81. Name ERIC F.J. BOSCHMANS				82. Street Address (P.O. Box Number is Not Acceptable) 2269 LEE RD			
83. City				84. 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: DATE: 1/31/97

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: 1/31/97 (407) 644-6300

CR2E034 (9/96)