


FILE NOW: FILING FEE IS \$61.25

FILED
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 Zip 24 32751	2a. Mailing Address 26 P.O. Box 940430 Suite, Apt. #, etc. 27 City & State 28 MAITLAND, FLORIDA Zip 29 32794-0430	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
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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 *[Signature]* **JAMES A. WILDER** 4/27/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP RICHARD	1.2 NAME	
STREET ADDRESS	2273 LEE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, SERENA	2.2 NAME	SPENCE, SERENA
STREET ADDRESS	151 SOUTHHALL LN #245	2.3 STREET ADDRESS	2200 LUCIEN WAY, SUITE 330
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	MAITLAND, FL. 32751
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCHMAN, ERIC F	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 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RICHARD L SHIPP** 4/28/99 407-539-2757
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)