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NONPROFIT CORPORATION ANNUAL REPORT
~~1999~~ 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760691

1. Corporation Name
ZOM SPRINGSIDE OFFICE CENTER I, INC.

Principal Place of Business	Mailing Address
1220 DOUGLAS AVE STE 105 LONGWOOD,F 32779-5001 US	1220 DOUGLAS AVE STE 105 SUITE 105A LONGWOOD,F 32779-5001 US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
Suite, Apt. #, etc.	26 2431 Aloma Ave.	11/16/1981
City & State	Suite, Apt. #, etc. 27 Suite #150	4. FEI Number 59-2148192 ☐ Applied For ☐ Not Applicable
Zip / Country 25	City & State 28 Winter Park, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
	Zip / Country 29 32792-2529 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMSON, JACK O. ~~1220 DOUGLAS AVE., #105A~~ ~~LONGWOOD FL 32779~~ 2431 Aloma Ave. #150 Winter Park, FL 32792	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) ~~2431 Aloma Ave.~~ 83 Suite #150 84 City Winter Park FL 85 Zip Code 32792

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 Jack O. Williamson — 6-14-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMSON, JACK O. 1220 DOUGLAS AVE #105A LONGWOOD FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 2431 Aloma Ave., Ste. #150 Winter Park, FL 32792-2529
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FELSING, MARLYN 1220 DOUGLAS AVE. #205 LONGWOOD FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, DAREL. 1220 DOUGLAS AVE., #103 LONGWOOD FL ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition VD Steven G. Horneffer 1220 Douglas Ave., #103 Longwood, FL 32779
TITLE / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D Mitchell Krause 1220 Douglas Ave., #203 Longwood, FL 32779
TITLE / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Jack O. Williamson — 6-14-00 — 407-788-1345
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E037 (11/98)