FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	C. T. C.	RECHATIONS	97.NOV 1.7	7 PM 12: 16	
1. Name of Limitod Partnership	1a. DOCUME A96000001 8	1a. DOCUMENT # A96000001848			
ZOM GATEWAY, LTD.					
Mailing Address 2269 LEE ROAD WINTER PARK-Pt 32789	Principal Office Address 2269 LEE ROAD WINTER PARK #L 32789 2a. Principal Office Address 1950 Summit Park Drive Suite Apt. #, etc. Suite 300 Chylando, FL		3. Date Formed or Registered 09/30/1996 3a. Date of Last Report 01/03/1997 4. State or Country of Formation FL 6. FEI Number 59-3406244 7. Contribute on Status Desired 5a. Capital Contributions as Shown on record 57.499,010.00 5b. Amount of Capital Contributions in Ft ORIDA to date: Applied For Not Applicable		
2. Mailing Address 1950 Summit Park Drive Suite.Apt. #, etc. Suite 300 Orlando, FL				Applied For Not Applicable	
32810 Country	⁷ 32810	Country	- <u>-</u> ,	\$8.75 Additional Fee Required State (See reverse side for fee informa	
9. Name and Address of Cur	rent Registered Agent	,	10. If changed, new Registere	d Agent/Office	
BOSCHMANS, ERIC F. J 2289-LEE-ROAD- WINTER PARK-PL-32789		Name Boschmans, Eric F.J. Street Activess (F.O. Box Number is Not Acceptable) 1950 Summit Park Drive Suite, Ani a etc. City Orlando FL 7ip Code 32810			
agent. I am familiar with, and accord the obliga	e or registered agent, or both, in the State of Flori ations of section 620-192, Florida Statutes.	da. Such change was a	uthorized by its general partner(s). Ther	eby accept the appointment of register.	
A GENERAL PARTNER THA		IMITED PAR	TNERSHIP OR OTHE	10/13/97 R BUSINESS ENTIT	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	Dodge -		11c. Registration/	
ZOM PROPERTIES, INC.	-2269-LEE-ROAD 1950 Summit Park I Suite 300	##t	NTER PARK FL 32789 ando, FL 32810 40002: -11/13	613657 613657 052344	

this annual report is true and accurate and that mysqualure shall have logal effects as it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charter 620. Horizin statutes

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

Samuel C. Stephens, III, PResident
Dayline Telephone Number

DATE 10 8 197

(407) 644-6300